St. Andrew the Apostle Roman Catholic Church
CCD Registration

Student's Information

Last Name _____ First _____ Middle _____

Student's birth date _____/_____/_____ Sex [ ] Male [ ] Female

Address _____ City _____ State _____ Zip _____

Home phone (_____) _____ Best Contact Phone Number (_____) _____

Family E-Mail Address (please print) _____

School attending _____ Grade level for 2015-16 school year _____

Faith Formation (CCD, Catholic School, etc.)

Name of program(s) attended and date(s) _____

Total years of Catholic Instruction (Catholic schools or CCD programs) _____

Has student received the following Sacraments? Baptism: Yes___ No___
First Reconciliation: Yes___ No___
First Eucharist: Yes___ No___
Confirmation: Yes___ No___

Mother's Name (including Maiden) _____ Religion _____

Cell phone (_____)_____ Address if different from above_____

Father's Name _____ Religion _____

Cell phone (_____)_____ Address if different from above _____

Sibling _____ Age _____ Sibling _____ Age _____ Sibling _____ Age _____

Is your family registered in St. Andrew the Apostle Parish? Yes ____ No ____

If no, in what parish are you currently enrolled as parishioners? _____

In order for registration to be complete we require:

- Registration form completed in full.
- Check or money order made out to St. Andrew in the amount of $50.00 for books and supplies. Cash not accepted.

[Office use only] Paid in full _____ Check # _____ Entered in PS _____