

St. Andrew the Apostle Roman Catholic Church
First Reconciliation & First Eucharist Registration

FOR OFFICE USE ONLY

Copy of Baptismal Certificate _____
Entered in PS _____
Paid in Full _____
Check # _____

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 2017-18 school year _____

Faith Formation (CCD, Catholic School, etc.)

If not attending a Catholic School, name of CCD program he or she is attending _____

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

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

Has student received the Sacrament of Baptism? Yes ____ No ____

Date of Baptism _____ Church of Baptism _____

Family Information

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 ____

(Please fill out reverse side)

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

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

*All families seeking to enroll in St. Andrew the Apostle Parish Sacramental Preparation programs must be registered in our parish, or have a letter granting permission for your child to receive the Sacraments of Reconciliation and First Eucharist in St. Andrew Parish.

Godparents Contact Information

1) Name _____
Mailing Address _____ City _____ State _____ Zip _____
Home phone (____) _____ Cell phone (____) _____
E-Mail _____

2) Name _____
Mailing Address _____ City _____ State _____ Zip _____
Home phone (____) _____ Cell phone (____) _____
E-Mail _____

Grandparents Contact Information

1) Name(s) _____
Mailing Address _____ City _____ State _____ Zip _____
Home phone (____) _____ Cell phone (____) _____
E-Mail _____

2) Name(s) _____
Mailing Address _____ City _____ State _____ Zip _____
Home phone (____) _____ Cell phone (____) _____
E-Mail _____

In order for registration to be complete we require the following:

- Registration form completed in full.
- Copy of the candidate's Baptismal Certificate
- Check or money order made out to St. Andrew in the amount of \$80.00.
- Family enrollment in St. Andrew the Apostle Parish, or letter of permission.