

SAINT ANDREW PARISH  
RELIGIOUS EDUCATION PROGRAM  
REGISTRATION K - 8

FAMILY NAME: \_\_\_\_\_  
PARENTS: \_\_\_\_\_ & \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

CHILD [PLEASE USE SEPARATE FORM FOR EACH CHILD]

NAME \_\_\_\_\_ BORN \_\_\_/\_\_\_/\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

BAPTIZED AT \_\_\_\_\_ CHURCH (IF NOT AT  
THIS CHURCH WE NEED A BAPTISM CERTIFICATE.)

MADE 1<sup>ST</sup> COMMUNION? \_\_\_\_\_; 1<sup>ST</sup> CONFESSION? \_\_\_\_\_

SPECIAL NEEDS? MEDICAL/HEALTH  
NEEDS? \_\_\_\_\_  
\_\_\_\_\_

FEES; \$150/CHILD - \$200/2CHILDREN  
-\$250/3CHILDREN

[PLEASE NOTE IF THERE IS *ANY DIFFICULTY* WITH FINANCIAL MATTERS  
PLEASE CONTACT FR. KELLY]

=====OFFICE NOTES=====

GROUP ASSIGNMENT \_\_\_\_\_ CATECHIST \_\_\_\_\_  
FEE REC'D \_\_\_\_\_  
DATE \_\_\_\_\_