

**FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_

CHECK #: \_\_\_\_\_

CHECK \$: \_\_\_\_\_

CASH \$: \_\_\_\_\_

Additional Payments  
\_\_\_\_\_

The fee for registration for 2018-2019 is \$100.00 per child or a total of \$180 per family. (Throughout all Faith Formation Programs) A check in the appropriate amount must accompany this registration form in to be placed in a class, but please do not delay your registration due to financial circumstances. Contact us to make other payment arrangements.

Loral Lashley 770-641-9720 ext. 255 Lleach@standrewcatholic.org

En Español 770-641-9720 ext. 242 hispanicministry@bellsouth.net

**ST ANDREW CATHOLIC CHURCH  
2018-2019 CONFIRMATION REGISTRATION  
GRADE 9 to GRADE 10**

**PLEASE NOTE: ACTIVE PARISH MEMBERSHIP IS REQUIRED**

Name of Teen \_\_\_\_\_

Grade Level for 2017-18 \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

***Please indicate that your child has received a sacrament by circling it.***

Baptism

Reconciliation

First Communion

Health Concerns/Special Needs \_\_\_\_\_

\_\_\_\_ YEAR ONE (GRADE 9) 5:00-7:00 PM Classes

\_\_\_\_ YEAR TWO (GRADE 10) 5:00-7:00 PM Classes **(Teens must have completed YEAR ONE in order to be eligible)**

**THIS REGISTRATION FORM IS FOR THE 2017-2018 CONFIRMATION CLASSES ONLY.**

**AN ADDITIONAL FEE FOR THE REQUIRED CONFIRMATION RETREAT IS STILL MANDATORY**

**100% ATTENDANCE AT CONFIRMATION CLASSES AND REGULAR PARTICIPATION AT LIFETEEN IS  
REQUIRED**

STREET ADDRESS \_\_\_\_\_ PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

IF NEW TO ST. ANDREW, NAME OF PREVIOUS PARISH \_\_\_\_\_

**PARENTS / GUARDIANS**

RELATIONSHIP TO CHILD (Circle one) \*

Father Step-father Other \_\_\_\_\_ \*

Name \_\_\_\_\_ \*

Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_ \*

Marital Status \_\_\_\_\_ \*

E-mail \_\_\_\_\_ \*

RELATIONSHIP TO CHILD (Circle one)

Mother Step-mother Other \_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_

Marital Status \_\_\_\_\_

E-mail \_\_\_\_\_

**EMERGENCY INFORMATION**

In the event of an emergency, if we are unable to reach a parent/guardian, the following person should be notified:

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ LOCAL PHONE # \_\_\_\_\_