

FOR OFFICE USE ONLY

DATE: _____

CHECK #: _____

CHECK \$: _____

CASH \$: _____

Additional Payments

The fee for registration for 2018-2019 is \$90.00 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.

Sandy Lashley 770-641-9720 ext. 253 Slashley@standrewcatholic.org

En Español 770-649-9392 llaguna@standrewcatholic.org

**ST ANDREW CATHOLIC CHURCH
2018-2019 FAITH FORMATION REGISTRATION
Pre-K TO GRADE 5**

PLEASE NOTE: ACTIVE PARISH MEMBERSHIP IS REQUIRED

Name of Child _____

Grade Level for **2018-2019** _____ Birth Date _____

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

Baptism Reconciliation First Communion

Health Concerns/Special Needs _____

This Registration form is for 2016-2017 Faith Formation Classes - Please Choose Class Time

- _____ Sunday Morning 9:00-10:30 **In English** (Grades Pre-K through 5)
- _____ Sunday Morning 9:00-10:30 **En Español** (Grades 1 and 2 only)
- _____ Sunday Morning 9:00-10:30 Special Sacraments Class **In English** (For those behind on their Sacraments)
- _____ Sunday Evening 5:15-6:45 **En Español** (K through 5)
- _____ Sunday Evening 5:15-6:45 Special Sacraments Class **En Español** (For those behind on their Sacraments)

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) *	RELATIONSHIP TO CHILD (Circle one)
Father Step-father Other _____ *	Mother Step-mother Other _____
Name _____ *	Name _____
Cell Phone _____	Cell Phone _____
Religion _____ *	Religion _____
Marital Status _____ *	Marital Status _____
E-mail _____ *	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 # _____