

SACRAMENT INFORMATION

DATE OF

CHURCH OF

BAPTISM: _____

EUCCHARIST: _____

RECONCILIATION: _____

Have you been a part of the Religious Education Program at St. Andrew's or attended St. John's

Academy? _____

Date of Last Attendance: _____

PERSONAL INFORMATION

Please list any serious food allergies or allergies of any kind that could be of concern.

It is helpful to know of any disability (learning, physical, emotional) that a teen may have to prevent or minimize any potential embarrassment. Please list the disability and be assured of complete confidentiality.

Permission to Use Photographs

_____ I grant St. Andrew's the right to take photographs of me and my family during sponsored events and use photo in print and/or electronically.

_____ I agree that Church of St. Andrew may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web Content.

FEES

Registration Fee: One child - \$175

Family Rate (*more than one child in the Confirmation Program*) - \$250

If for any reason you are unable to pay, it is important that you let us know. No one will be excluded from the program because of lack of funds. However, you must speak to Alan about your situation. All information will be kept confidential.