

**ST. ANDREW THE APOSTLE PARISH  
FAMILY FAITH FORMATION 2020-2021  
BAPTISMAL RECORDS ARE REQUIRED FOR EACH CHILD**

ARE YOU A REGISTERED MEMBER OF ST. ANDREW THE APOSTLE PARISH? YES  NO

FAMILY LAST NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S CELL #: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

MOTHER'S CELL #: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Please mark the DAY of week which you would like your child(ren) to attend! The earlier you enroll, the more likely your child will be placed on the day requested. All children are assigned on a first come, first serve basis. If you do not select a day/time slot, one will be assigned based on availability. The possibility exists that you may not get your first-choice session. **OUR PROGRAM WILL BE A MIX OF IN PERSON AND AT-HOME FORMATION ALTERNATING GROUPS TO ASSURE SAFETY FOR OUR STAFF, VOLUNTEERS AND PARTICIPANTS.**

**Monday : 5:30 P.M. to 6:45 P.M.**

**Tuesday : 5:30 P.M. to 6:45 P.M.**

<b>1. Child's First Name</b>	<b>Last Name</b>	<b>M/F</b>	<b>Birth Date</b>	<b>Birthplace (City, ST)</b>
_____	_____	_____	_____	_____

Please check sacraments already received:    **Baptism**     **First Communion**     **Confirmation**

<b>Date of Baptism</b>	<b>Church of Baptism</b>	<b>City of Baptism</b>	<b>State of Baptism</b>	<b>Grade in 2020/2021</b> _____
_____	_____	_____	_____	

**Special needs: Medical, allergies, learning/behavioral disabilities, IEP, EpiPen, inhaler, or medication taken and side effects. Please describe:**

\_\_\_\_\_

<b>2. Child's First Name</b>	<b>Last Name</b>	<b>M/F</b>	<b>Birth Date</b>	<b>Birthplace (City, ST)</b>
_____	_____	_____	_____	_____

Please check sacraments already received:    **Baptism**     **First Communion**     **Confirmation**

<b>Date of Baptism</b>	<b>Church of Baptism</b>	<b>City of Baptism</b>	<b>State of Baptism</b>	<b>Grade in 2020/2021</b> _____
_____	_____	_____	_____	

**Special needs: Medical, allergies, learning/behavioral disabilities, IEP, EpiPen, inhaler, or medication taken and side effects. Please describe:**

\_\_\_\_\_

3. Child's First Name      Last Name      M/F      Birth Date      Birthplace (City, ST)

\_\_\_\_\_

Please check sacraments already received:      Baptism       First Communion       Confirmation

Date of Baptism      Church of Baptism      City of Baptism      State of Baptism      

Grade in 2020/2021
_____

\_\_\_\_\_

Special needs: Medical, allergies, learning/behavioral disabilities, IEP, EpiPen, inhaler, or medication taken and side effects. Please describe:

\_\_\_\_\_

4. Child's First Name      Last Name      M/F      Birth Date      Birthplace (City, ST)

\_\_\_\_\_

Please check sacraments already received:      Baptism       First Communion       Confirmation

Date of Baptism      Church of Baptism      City of Baptism      State of Baptism      

Grade in 2020/2021
_____

\_\_\_\_\_

Special needs: Medical, allergies, learning/behavioral disabilities, IEP, EpiPen, inhaler, or medication taken and side effects. Please describe:

\_\_\_\_\_

**NOTE: ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL!!!**

The following information is needed for our records, as well as to help us understand your child(ren) better:

Child(ren) resides with: Both Parents  Father  Mother  Stepmother  Stepfather  Grandparents

Parent's divorced? Yes  No  If "yes" who has legal custody \_\_\_\_\_

Do you consent to the child/ren being released to the non-custodial parent/adult to attend Faith Formation? Yes  No

If parent(s) cannot be reached in case of an emergency, we should CONTACT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

By marking this box and signing below I give permission for my child(ren) to  WALK  BIKE home from Faith Formation. St. Andrew the Apostle and the Diocese of Joliet are released from all responsibility should you choose this option.

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<b>OFFICE USE ONLY:</b> <input type="checkbox"/> 1 <sup>st</sup> year in program? <input type="checkbox"/> 2 <sup>nd</sup> consecutive year in program?
Date Registration Received: _____ How: _____
Tuition Amount: _____ Sacrament Fee (Communion): _____ Confirmation: _____
Total Amount Due: _____ Date Paid: _____ Check#: _____ Cash      CC
Calendars Received: _____ Comments: _____
<b>ACTUAL SESSION ASSIGNMENT:</b> Monday A      Monday B      Tuesday A      Tuesday B