



Basilica of Saint Andrew
Christian Formation Registration 2025-26

631 N. Jefferson St.

Roanoke, VA 24016

Phone # (540)344-9814 ~ Email kboyer@bofsa.org

Parent's Names: _____
Last First

Address: _____

Home Phone # _____ Family email: _____

Work # - Mother: _____ Father: _____

Custodial Parent, if different than above: _____

↑ ☐ Please check here if address or phone number has changed. Basilica parishioners? Yes ☐ No ☐

Student Information - **Christian Formation – Sunday morning**

First Last DOB Grade & School Name (Fall 2025)

1. Name: _____

Sacraments received in the Catholic Church: ___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation

2. Name: _____

Sacraments received in the Catholic Church: ___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation

3. Name: _____

Sacraments received in the Catholic Church: ___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation

4. Name: _____

Sacraments received in the Catholic Church: ___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation

Student Information - **Sacramental Preparation* – as scheduled**

First Last Grade & School Name

1. Name: _____

___ First Reconciliation/First Communion (grade 2) ___ Confirmation (grade 10 or above)

2. Name: _____

___ First Reconciliation/First Communion (grade 2) ___ Confirmation (grade 10 or above)

** Sacramental preparation is a separate program. Children preparing for sacraments should have completed a minimum of 2 years of Religious Education. RCS students are still required to attend Sacramental Preparation, per Diocesan guidelines.*

Christian Formation fee: Grade K-8 (if paid before 8/15/25) \$25.00 per student _____

(if paid after 8/15/25) \$30.00 per student _____

Grade 9-12 (if paid before 8/15/25) \$35.00 per student _____

(if paid after 8/15/25) \$40.00 per student _____

Sacramental fee: First Reconciliation (\$20) & First Communion (\$20) \$40.00 per student _____

Confirmation (grades 10-12) \$50.00 per student _____

TOTAL \$ _____

☐ Paid ONLINE: Basilica "Online Giving" | ☐ Payment enclosed | ☐ Request confidential financial assistance

X _____
Signature of Parent or Guardian

I would be happy to assist with: ___ Teaching ___ Aide ___ Youth Ministry (Middle School or High School)
___ First Reconciliation/First Communion ___ Confirmation

For office use only: Date rec'd _____ Check # _____ Amt _____ By _____