

ST. ANDREW THE APOSTLE PARISH
FAMILY FAITH FORMATION 2022-2023
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: _____

*MUST PROVIDE AT LEAST ONE EMAIL ADDRESS FOR USE IN OUR SCHOOL SPEAK SYSTEM

WOULD YOU LIKE A BILINGUAL (Spanish/English) BOOK FOR THIS SEASON YES ☐ NO ☐

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 FULLY IN PERSON THIS SEASON, GOD WILLING!

Monday : 5:30 P.M. to 6:45 P.M. ☐

Tuesday : 5:30 P.M. to 6:45 P.M. ☐

1. Child's First Name	Last Name	M/F	Birth Date	Birthplace (City, ST)
_____	_____	_____	_____	_____
Please check sacraments <u>already received</u> :		Baptism <input type="checkbox"/>	First Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
Date of Baptism	Church of Baptism	City of Baptism	State of Baptism	Grade in 2022/2023 _____
_____	_____	_____	_____	

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

2. Child's First Name	Last Name	M/F	Birth Date	Birthplace (City, ST)
_____	_____	_____	_____	_____
Please check sacraments <u>already received</u> :		Baptism <input type="checkbox"/>	First Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
Date of Baptism	Church of Baptism	City of Baptism	State of Baptism	Grade in 2022/2023 _____
_____	_____	_____	_____	

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 2022/2023

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 2022/2023

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: _____

Parent Signature: _____ Date Signed: _____

☐ ____ By marking and initialing this box 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.

OFFICE USE ONLY: ☐ 1st year in program? ☐ 2nd 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: _____

ACTUAL SESSION ASSIGNMENT: Monday Tuesday