

**St. Andrew Apostle
Office of Faith Formation
11602 Kemp Mill Road
Silver Spring, MD 20902**

SCHOOL OF RELIGION REGISTRATION 2007-2008

FAMILY INFORMATION

<i>Last Name:</i> _____		
<i>Street Address:</i> _____		
<i>City:</i> _____	<i>State:</i> _____	<i>Zip:</i> _____

Home Phone: _____ *Email Address:* _____

Father's Name: First: _____ Middle: _____ Last: _____

Address if different from above: _____

Work Phone: _____

Mother's Name: First: _____ Middle: _____ Maiden Name: _____

Address if different from above: _____

Work Phone: _____

PARENT PLEDGE OF SUPPORT

I pledge my support as a parent to the Faith Formation Program by ensuring that my child(ren) will attend classes on a regular basis, as well as any other special liturgies and preparations for the sacraments. I understand that Faith Formation classes DO NOT TAKE THE PLACE OF MY CHILD'S Sunday Mass Obligation. Moreover, I realize that as a parent, I am the primary educator and catechist for my child(ren).

Parent Signature: _____

Date: _____

Tuition for 2007-2008: 1 child: \$85.00 2 children: \$105.00 3 children: \$120.00

Total number of Children: _____ **AMOUNT DUE:** _____

The information will be kept confidential and will only be used for purposes related to assisting the catechist.

Return this form to Mrs. Mary Tull, Faith Formation, St. Andrew Apostle, 11602 Kemp Mill Road, Silver Spring, MD 20902

Please make all checks payable to St. Andrew Apostle.

Note: May we add this information to a Faith Formation Family Directory: Yes No