

**Student Registration Form  
Faith Formation ~ 2007- 2008**

Please fill out one of these forms for each child that will be attending this program.

*Grade for Faith Formation:* \_\_\_\_\_

*Name:* First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

*Gender:*  Male  Female      *Date of Birth:* Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*Baptism Date:* Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*Place of Baptism: (Please give name and complete address of church where baptized)*

CHURCH: _____
Address: _____
City: _____ State _____ Zip _____

*First Reconciliation:*  Yes  No      *First Eucharist:*  Yes  No

*Confirmation:*  Yes  No

*Did your child attend Faith Formation classes in 2006-2007?*  Yes  No

*If yes, where:* \_\_\_\_\_

*Indicate below if your child has any special educational needs or allergies:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Please return this form to Mrs. Mary Tull, Faith Formation, St. Andrew Apostle Catholic Church, 11600 Kemp Mill Road, Silver Spring, MD 20906.**

**NOTE: Students registering for the first time who were not baptized at St. Andrew's must submit a baptismal certificate.**