

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

Faith Formation Family REGISTRATION 2009-2010

Last Name: _____		
Street Address: _____		
City: _____	State: _____	Zip: _____

FAMILY INFORMATION

Home Phone : _____ ***Email Address:(please fill out)** _____

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:** _____

1st Child _____	Grade entering in Fall 09 _____
2nd Child _____	Grade entering in Fall 09 _____
3rd Child _____	Grade entering in Fall 09 _____
4th Child _____	Grade entering in Fall 09 _____
5th Child _____	Grade entering in Fall 09 _____

Tuition for 2008 - 09 1 child: \$90.00 2 children: \$110.00 3 children: \$125.00

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 Catholic Church, 11600 Kemp Mill Road, Silver Spring, MD 20902 by June 1, 2009. It is important that we receive these forms so that we can prepare for next fall.

Please make all checks payable to St. Andrew Apostle.

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