Faith Formation and Sacramental Preparation Sign-Up Area for Student

Please print legibly the first and last name for each student. Answer all questions completely. For childrenpreparing for sacraments, please specify which sacrament(s) they have and which sacrament(s) they are requesting. *Families attending faith formation must be registered in the church and attend Mass in person on a weekly basis.*

Last Name Head of Household	Today's Date				
Complete Separate Page for Each Child Be					
Date of Child's First and Last Name	f Birth:		_ Grade:	Male	Female
Child's First and Last Name					
Did child attend all classes <u>last year</u> (2023-24)? Yes	_ No	Do child	& parents att	end Mass? Yes	s No
Is this child attending St. Andrew Catholic School? Yes	No	_ If ye	s, since when	n?	
Sacraments Student Received					
Baptism? Yes No Where?				Date	
· —— —— ——	Name of Ch	urch, City, .	State		
First Communion? Yes No Where?				Date	!
	Name o	f Church, C	ity, State		
Confirmation? Yes No Where?	Name of Ch	ah Cit.		Date	
Any Medical Conditions/Allergies/Dietary Needs of stu	dent:				
Request for Sacraments					
Are you requesting this child be prepared to co	elebrate a	Sacram	ent?	Yes	No
If YES, please check the sacraments that you are receive. Thefollowing is the order in which sacr	•	•		ove prepare fo	r and
Baptism—must call the office for a	dditional	paperwo	ork and info	rmation.	
First Communion (including First R	econcilia	tion) —n	nust submit	child's Baptis	m certificate.
Confirmation —must submit Baptis	m and Fir	st Comn	nunion certi	ficates.	
PLEASE DO NOT	WRITE IN	THIS SE	PACE		
Office Use ONLY:					
Name of Head of Household	Name of Spouse of Head of Household				
Child's Sacramental Preparation Level:					