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 on a weekly basis.*

| Last Name Head of Household | Today's Date | | | |
|---|---------------------|---|-----------------------------|----------------|
| Complete Separate Page for Each Child Bei | ng Enrolled | d | | |
| Date o | f Birth: | Grade: | Male | Female |
| Child's First and Last Name | | | | |
| Did child attend all classes <u>last year</u> (2024-25)? Yes | No Did o | child & parents att | tend Mass? Ye | s No |
| Is this child attending St. Andrew Catholic School? Yes | No | If yes, since when | ? | |
| Sacraments Student Received | | | | |
| Rantism? Ves No Where? | | | Date | |
| Baptism? Yes No Where? | Name of Church, | City, State | Date _ | |
| First Communion? Yes No Where? | | | Date | 1 |
| First Communion? Yes No Where? | Name of Chu | rch, City, State | | · |
| Confirmation? Yes No Where? | Name of Church. | City. State | Date | |
| Any Medical Condition/Allergies/Dietary Needs of stude | | | | |
| The medical containing mengles, bretary receases state | | | | |
| Request for Sacraments | | | | |
| Are you requesting this child be prepared to ce | lebrate a Sac | crament? | Yes | No |
| IF YES, please check the sacraments that you are following is the order in which sacraments are co | | or the student bei | ng registered. | The |
| Baptism—must call the office for ac | ditional pap | erwork and info | mation. | |
| First Communion (including First Re | econciliation |) —must submit | child's Baptis | m certificate. |
| Confirmation —must submit Baptisi | m and First C | ommunion certi | ficates. | |
| | | | | |
| PLEASE DO NOT V | WRITE IN TH | IS SPACE | | |
| Office Use ONLY: | | | | |
| Name of Head of Household | | Name of Spouse of I | Head of Househ | old |
| Child's Sacramental Preparation Level: | Attendin | g FF continuously s | ince: | |
| Confirmation—must submit Baptism PLEASE DO NOT V Office Use ONLY: Name of Head of Household | m and First Co | ommunion certifications of the state of Spouse of the state of Spouse of the state | ficates. Head of Househo | old |