

**2024 – 2025 FAITH FORMATION REGISTRATION FORM**

St. Andrew’s Parish, P. O. Box 99, Brownville, NY 13615

**CONTACT INFORMATION:** Mr / Mrs \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_

**E-mail address** \_\_\_\_\_

Father’s Name \_\_\_\_\_ Work phone (Dad): \_\_\_\_\_ Cell phone (Dad) \_\_\_\_\_

Mother’s Name \_\_\_\_\_ Work phone (Mom): \_\_\_\_\_ Cell phone (Mom) \_\_\_\_\_

Parish you are registered with: \_\_\_\_\_ St. Andrew’s Church, Sackets Harbor \_\_\_\_\_ Other \_\_\_\_\_

**STUDENTS**

Child’s name (first & last)	Date of Birth	School	Grade	*Date & Place of Baptism
_____	_____	_____	_____	Made 1 <sup>st</sup> Communion? Yes / No
_____	_____	_____	_____	Made 1 <sup>st</sup> Communion? Yes / No
_____	_____	_____	_____	Made 1 <sup>st</sup> Communion? Yes / No
_____	_____	_____	_____	Made 1 <sup>st</sup> Communion? Yes / No

((\*If your child was not baptized at St Andrew’s Church in Sackets Harbor OR at Immaculate Conception Church in Brownville, a copy of his/her baptismal certificate will be needed to receive sacraments.))

**MEDICAL INFORMATION:** Please list any allergies or other medical concerns: \_\_\_\_\_

**TRANSPORTATION:** I give permission for the following to transport my child **from** Faith Formation classes:

Name	Phone Number	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

((You may also send in a note at any time giving permission for someone to pick up your child from classes.))

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO:** *St. Andrew’s Parish  
P. O. Box 99  
Brownville, NY 13615*