

**St. Andrew the Apostle Roman Catholic Church**  
**CCD Registration 2025-2026**

**Student's Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student's birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex [ ] Male [ ] Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Best Contact Phone Number (\_\_\_\_) \_\_\_\_\_

Family E-Mail Address (please print) \_\_\_\_\_

School attending \_\_\_\_\_ Grade level for 2025-26 school year \_\_\_\_\_

**Faith Formation (CCD, Catholic School, etc.)**

Name of program(s) attended and date(s) \_\_\_\_\_

Total years of Catholic Instruction (Catholic schools or CCD/PSR programs) \_\_\_\_\_

Has student received the following Sacraments? Baptism: Yes\_\_\_\_ No\_\_\_\_  
First Reconciliation: Yes\_\_\_\_ No\_\_\_\_  
First Eucharist: Yes\_\_\_\_ No\_\_\_\_  
Confirmation: Yes\_\_\_\_ No\_\_\_\_

Mother's Name (including Maiden) \_\_\_\_\_ Religion \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Address if different from above \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Address if different from above \_\_\_\_\_

Sibling \_\_\_\_\_ Age \_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_

Is your family registered in St. Andrew the Apostle Parish? Yes \_\_\_\_ No \_\_\_\_

If no, in what parish are you currently enrolled as parishioners? \_\_\_\_\_

In order for registration to be complete we require:

- Registration form completed in full.
- Check or money order made out to St. Andrew in the amount of \$60.00 for books and supplies. Cash not accepted.
- Copy of baptismal certificate (new students only)

[Office use only]	Paid in full _____	Check # _____	Entered in PS _____	Bapt. Cert. _____
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