

St. Andrew the Apostle Roman Catholic Church
First Reconciliation & First Eucharist Registration

FOR OFFICE USE ONLY

Copy of Baptismal Certificate _____
Entered in PS _____
Paid in Full _____
Check # _____

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.)

If not attending a Catholic School, name of CCD program he or she is attending _____

Name of program(s) attended and date(s) _____

Total years of Catholic Instruction (Catholic schools or CCD programs) _____

Has student received the Sacrament of Baptism? Yes ____ No ____

Date of Baptism _____ Church of Baptism _____

Family Information

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 ____

(Please fill out reverse side)

Is your family registered in St. Andrew the Apostle Parish? ____ Yes ____ No*

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

*All families seeking to enroll in St. Andrew the Apostle Parish Sacramental Preparation programs must be registered in our parish, or have a letter from your parish granting permission for your child to receive the Sacraments of Reconciliation and First Eucharist in St. Andrew Parish.

In order for registration to be complete we require the following:

- Registration form completed in full.
- Copy of the candidate's Baptismal Certificate
- Check or money order made out to St. Andrew in the amount of \$80.00.
- Family enrollment in St. Andrew the Apostle Parish, or letter of permission.