

**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 2026-27 school year \_\_\_\_\_

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

If not attending a Catholic School, name of CCD/PSR program he or she is attending \_\_\_\_\_

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

Total years of Catholic Instruction (Catholic schools or CCD/PSR 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 \$90.00.
- Family enrollment in St. Andrew the Apostle Parish, or letter of permission.

**Student's Information**

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

**PHOTO & VIDEO USE RELEASE**

I grant permission for photographs or film to be taken of my child(ren)'s name, image, likeness, spoken words, student work, and/or performance with or without associating names thereto and in any form (hereinafter collectively referred to as "Works"), and to use, publish, display, distribute, produce, duplicate, sell, and copyright these Works in connection with any promotional material that may be created by St. Andrew the Apostle parish/school and/or the Archdiocese of New Orleans. I waive any claim for compensation of any kind for the use or publication of the Works of my child(ren). I acknowledge that the above-named parish/school and/or the Archdiocese of New Orleans have no responsibility in the misuse of these photographs or videos once published. I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the above-named parish/school and/or the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives all liability claims, loss or damage arising from or in connection with the use of these works.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student's Information**

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

**MEDICAL MATTERS**

As the parent/legal guardian of the above-named child, who is currently associated with St. Andrew the Apostle parish/school and/or the Archdiocese of New Orleans, I hereby authorize the above-named parish/school and/or the Archdiocese of New Orleans or their assistants to carry out the authorizations I have delineated in areas of emergency medical treatment and other cases of illness. These authorizations inclusively extend from September 8, 2026, through May 28, 2027. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the above-named parish/school and/or the Archdiocese of New Orleans, their members, directors, officers, employees, agents, and representatives from or in connection with any and all liability and/or damages (including but not limited to physical, mental, emotional and/or economic damages) that may be sustained arising from negligence, fault, or strict liability related to facilitating or administering the medical treatment agreed to herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, please contact:

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER MEDICAL INFORMATION**

(The participating parish/school will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Does your child experience any significant physical limitations? \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_