2025 – 2026 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 1st Communion? Yes / No

_____

Made 1st Communion? Yes / No

_____

Made 1st Communion? Yes / No

_____

Made 1st 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