

**St. Andrew by the Sea**  
**Religious Education Registration**  
**Student**

Family ID \_\_\_\_\_

Membership Status \_\_\_\_\_

Today's Date \_\_\_\_\_

**Student**

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

Gender    Male    Female                      Grade \_\_\_\_\_                      Date of Birth    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Student Sacrament History**

	<b>Yes</b>	<b>No</b>	<b>Date</b>
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Eucharist/Communion	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Reconciliation/Confession	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____

Where did your child attend Religious Education last year? \_\_\_\_\_

**Head of Household / Parent / Guardian**

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

Work Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Spouse / Parent / Guardian**

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

Work Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Family Contact Information**

Street Address \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_

**For students PK to 6<sup>th</sup> Grade**

Please name individual(s), 18 years of age or older, who will be responsible for picking up your child.

Name	Phone number
_____	_____
_____	_____
_____	_____