

St Andrew Faith Formation  
1400 Inglewood  
Rochester, Michigan 48307  
248-651-6571

PARENT INVOLVEMENT

Catechist (Registration Fee waived) \_\_\_\_\_  
Aide \_\_\_\_\_  
Substitute \_\_\_\_\_  
Office Help \_\_\_\_\_  
Donation \_\_\_\_\_

Follow on: **INSTAGRAM@STANDREWFAITHFORMATION**

**FAMILY INFORMATION**

Family Last Name: \_\_\_\_\_ **Best Phone #** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Best E-mail** Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**Student # 1**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Catholic Baptism Yes \_\_\_ No \_\_\_

Grade: \_\_\_\_\_ Eucharist Yes \_\_\_ No \_\_\_

School: \_\_\_\_\_

Day: Sunday: 6:00 \_\_\_ Monday: 4:30 \_\_\_ 6:00 \_\_\_ 7:30 \_\_\_ Tuesday: 4:30 \_\_\_ 6:00 \_\_\_

Special Needs (Medical, Learning Challenges, Physical Challenges etc.)  
\_\_\_\_\_

**Student # 2**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Catholic Baptism Yes \_\_\_ No \_\_\_

Grade: \_\_\_\_\_ Eucharist Yes \_\_\_ No \_\_\_

School: \_\_\_\_\_

Day: Sunday: 6:00 \_\_\_ Monday: 4:30 \_\_\_ 6:00 \_\_\_ 7:30 \_\_\_ Tuesday: 4:30 \_\_\_ 6:00 \_\_\_

Special Needs (Medical, Learning Challenges, Physical Challenges etc.)  
\_\_\_\_\_

**REGISTRATION FEES:**

1 child \$120

Family \$160

Checks made payable to St. Andrew

Mail form & payment to St Andrew (address at top of page)

To pay by Credit Card Follow link to Donation Page

[Donate to St Andrew \(forms-db.com\)](https://forms-db.com)

Use Faith Formation in Drop Down menu under Donation

Email completed form to: [lmartens@standrewchurch.org](mailto:lmartens@standrewchurch.org)

**OFFICE USE:**

Date Received: \_\_\_\_\_

Payment: \_\_\_ Check \_\_\_ Cash \_\_\_ Credit Card

Date Processed: \_\_\_\_\_

Classroom assignment \_\_\_\_\_

**Student # 3**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Catholic Baptism Yes \_\_\_ No \_\_\_

Grade: \_\_\_\_\_

Eucharist Yes \_\_\_ No \_\_\_

School: \_\_\_\_\_

Day: Sunday: 6:00 \_\_\_ Monday: 4:30 \_\_\_ 6:00 \_\_\_ 7:30 \_\_\_ Tuesday: 4:30 \_\_\_ 6:00 \_\_\_

Special Needs (Medical, Learning Challenges, Physical Challenges etc.)

**Student # 4**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Catholic Baptism Yes \_\_\_ No \_\_\_

Grade: \_\_\_\_\_

Eucharist Yes \_\_\_ No \_\_\_

School: \_\_\_\_\_

Day: Sunday: 6:00 \_\_\_ Monday: 4:30 \_\_\_ 6:00 \_\_\_ 7:30 \_\_\_ Tuesday: 4:30 \_\_\_ 6:00 \_\_\_

Special Needs (Medical, Learning Challenges, Physical Challenges etc.)

**PLEASE BE SURE TO SIGN UP FOR REMIND.**

**YOU MUST SIGN UP EVERY YEAR.**

*Tell the kids*

*I love them.....*

**GOD**