

**ST. ANDREW THE APOSTLE RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM FOR PRE-K/KINDERGARTEN CLASS – 2010/2011**

Provide ALL information as requested on the Registration Form.

Contact Christine Kemp at 718-680-1010 Ext. 20 or ckempreled@gmail.com  
to make an appointment to bring in the Registration Form.

**CHILD'S INFORMATION**

**NAME:** \_\_\_\_\_  
**ADDRESS (INCLUDE APT. NO.):** \_\_\_\_\_  
**CITY/STATE/ZIP CODE** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_  
**SCHOOL ATTENDING IN SEPT. 2010:** \_\_\_\_\_  
**GRADE IN SEPT. 2010:** circle one **PRE-K** **KNDGTN**  
**AGE GROUP AT SEPT. 2010:** circle one **4** **5**

**SACRAMENT INFORMATION**

**BAPTISM:** REC'D \_\_\_\_\_ DATE \_\_\_\_\_ CHURCH \_\_\_\_\_  
*Very Important--Please attach copy of the baptismal certificate.*

**FAMILY INFORMATION**

|                           | <b>FATHER:</b> | <b>MOTHER:</b><br>(include maiden name) | <b>GUARDIAN:</b> |
|---------------------------|----------------|---|------------------|
| <b>NAME:</b>              | _____          | _____                                   | _____            |
| <b>RELIGION:</b>          | _____          | _____                                   | _____            |
| <b>LIVING/DECEASED:</b>   | _____          | _____                                   | _____            |
| <b>LIVES WITH CHILD?:</b> | Yes___ No___   | Yes___ No___                            | Yes___ No___     |
| <b>DAY PHONE:</b>         | _____          | _____                                   | _____            |
| <b>EVENING PHONE:</b>     | _____          | _____                                   | _____            |
| <b>CELL PHONE:</b>        | _____          | _____                                   | _____            |
| <b>E-MAIL ADDRESS</b>     | _____          | _____                                   | _____            |

**OTHER CONTACT/PHONE:** Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**Are you a registered parishioner of St. Andrew the Apostle Church?** \_\_\_\_\_  
*If "no", may we register you as a parishioner of St. Andrew the Apostle Church?* \_\_\_\_\_

**Tuition:** \_\_\_\_\_ Enclosed is the tuition payment of \$25.00  
 (Please make checks payable to St. Andrew The Apostle Church-- Religious Education.)

**Please register my child for the 2010 Pre-K/Kindergarten class at St. Andrew's.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_