

**St. Andrew's R.C. Church, Kenmore NY**

1525 Sheridan Dr. 14217 standformation@gmail.com 716-873-6716 ext 101

**Religious Education Registration 2021-2022 for Grades 1-10**

Child(ren)'s Last Name \_\_\_\_\_ Parent(s) \_\_\_\_\_

Address \_\_\_\_\_ Address #2 (if nec) \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Religion \_\_\_\_\_ Registered at \_\_\_\_\_ Church \_\_\_\_\_

Child(ren) reside(s) with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other(specify) \_\_\_\_\_

Best way to contact you (circle one): email phone call text mail

Email address & phone number \_\_\_\_\_

**Registration fee:** 1 child \$50; 2 children \$80; 3+ children \$100 **Payment plan available;** contact us for the form  
**No child turned away for financial difficulty** (please check here  if this applies to you so we know not to bill you)

**Fill out for NEW students only, unless information has changed:**

1. Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ M F Grade (Sep. 2021) \_\_\_\_\_  
School (2021-22) \_\_\_\_\_ Prior Rel Ed (if not here) \_\_\_\_\_  
Baptism: \* Date \_\_\_\_\_ Parish \_\_\_\_\_ Made: 1<sup>st</sup> Reconciliation Y N 1<sup>st</sup> Eucharist Y N  
Medical or Learning concerns \_\_\_\_\_

2. Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ M F Grade (Sep. 2021) \_\_\_\_\_  
School (2021-22) \_\_\_\_\_ Prior Rel Ed (if not here) \_\_\_\_\_  
Baptism: \* Date \_\_\_\_\_ Parish \_\_\_\_\_ Made: 1<sup>st</sup> Reconciliation Y N 1<sup>st</sup> Eucharist Y N  
Medical or Learning concerns \_\_\_\_\_

3. Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ M F Grade (Sep. 2021) \_\_\_\_\_  
School (2021-22) \_\_\_\_\_ Prior Rel Ed (if not here) \_\_\_\_\_  
Baptism: \* Date \_\_\_\_\_ Parish \_\_\_\_\_ Made: 1<sup>st</sup> Reconciliation Y N 1<sup>st</sup> Eucharist Y N  
Medical or Learning concerns \_\_\_\_\_

4. Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ M F Grade (Sep. 2021) \_\_\_\_\_  
School (2021-22) \_\_\_\_\_ Prior Rel Ed (if not here) \_\_\_\_\_  
Baptism: \* Date \_\_\_\_\_ Parish \_\_\_\_\_ Made: 1<sup>st</sup> Reconciliation Y N 1<sup>st</sup> Eucharist Y N  
Medical or Learning concerns \_\_\_\_\_

**\*If you have not previously done so, please include a copy of your child(ren)'s Baptismal Certificate(s). We MUST have this for our records. Thank you!**

<b>Date</b>	<b>Theme</b>	<b>Session Outline</b>
<b>Oct. 3</b>	<b>Creation/Salvation</b>	<b>9:30 am Meet in McNulty Hall; there will be a table for each</b>
<b>Nov. 7</b>	<b>Saints</b>	<b>grade to gather, parents should stay for 5-10 minutes to discuss</b>
<b>Dec. 5</b>	<b>Advent/Christmas</b>	<b>take-home material, then children will proceed to classroom</b>
<b>Jan. 9</b>	<b>Baptism</b>	
<b>Feb. 6</b>	<b>Holy Family</b>	<b>11:15 am Parents meet children in McNulty for closing prayer</b>
<b>Mar. 6</b>	<b>Lent</b>	<b>and dismissal</b>
<b>Apr. 3</b>	<b>Holy Week</b>	
<b>May 1</b>	<b>Mary</b>	<b>Enter the school through the glass doors at the east end of the Parking lot off Lowell (Lowell is parallel to Sheridan). This is Door #4 and there's a sign on this part of the building identify- ing it as the Msgr. Donovan Center. I'll have sign up to guide You from the entrance.</b>