Saint Stanislaus Kostka Parish

RELIGIOUS EDUCATION PROGRAM Registration Form

Cost: \$30 for one child, \$50 per family

Classes meet on Sunday mornings at 8:30 AM in the school building, after which all students then attend 10:00 AM Mass.

PLEASE PRINT – When completed, please return this form with the appropriate fee via mail, the collection basket at weekend Mass, or bring it to Registration Day. Registration fees are not refundable. Please fill out information for each child attending Religious Education Classes.

#1 - Child's Full Name:		
Full Address:		
Home Phone:	Се	II Phone:
E-mail address:		
Grade:	Date of Bir	rth:
Name of Church student a	nd parents are me	mbers of:
Mother's First and Maiden	Name:	
NOTE:		
<i>Is your child experiencing</i> <i>YES</i>	any health proble NO	ems of which we should be aware?
Is you child on any special	medication?	
YES	NO	_
(If either question is mark	ed "yes", please e	explain on back of form.)
BAPTISM INFORMATION:	DATE:	CHURCH:
	please attach one	y of your child's baptismal certificate for <i>now</i> no need to do this if your child
SACRAMENTS: Mark with Reconciliation: E	•	-

#2- Child's Full Name:				
Full Address:				
Home Phone: Emergency Number:	Cell Pho	one:		
Grade: School student attends:	Date of Birth: _			
Name of Church student and pa Father's Name and Religion:	rents are member	s of:		
Mother's First/Maiden Name and Religion:				
NOTE:				
Is your child experiencing any h YES	nealth problems og NO	f which we should be aware?		
Is your child on any special mea YES	dication? NO			
(If either question is marked "yes", please explain on back of form.)				
BAPTISM INFORMATION: DATE	:	CHURCH:		
NOTE: If you did not provide us with a copy of your child's baptismal certificate for the previous school year, <i>please attach one now</i> no need to do this if your child was baptized at St. Stanislaus.				
SACRAMENTS: Mark with "Y" for completed or "N" for not completed Reconciliation: Eucharist: Confirmation:				

#3 - Child's Full Name:	
Full Address:	
	Cell Phone:
Grade:	Date of Birth:
Name of Church student and par	rents are members of:
Mother's First/Maiden Name and	d Religion:
NOTE:	
Is your child experiencing any he YES	ealth problems of which we should be aware? NO
Is you child on any special media YES	cation? NO
(If either question is marked "ye	es", please explain on back of form.)
BAPTISM INFORMATION: DATE:	CHURCH:
	with a copy of your child's baptismal certificate for <i>attach one now</i> no need to do this if your child
SACRAMENTS: Mark with "Y" fo	r completed or "N" for not completed
Reconciliation: Euchar	ist: Confirmation:
If your child received the sacrom	ents of Bantism Reconciliation or Holy Fucharist at

If your child received the sacraments of Baptism, Reconciliation, or Holy Eucharist at another church, please be sure to submit a copy of the certificates to their teacher.

Thank you for you cooperation!

The Staff of the St. Stanislaus CCD Program