

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: _____ Cell Phone: _____

Emergency Number: _____

E-mail address: _____

Grade: _____ Date of Birth: _____

School student attends: _____

Name of Church student and parents are members of: _____

Father's Name and Religion: _____

Mother's First and Maiden Name: _____

NOTE:

Is your child experiencing any health problems of which we should be aware?

YES _____ NO _____

Is your child on any special medication?

YES _____ 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, please attach one now . . . 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: _____

#2- Child's Full Name: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Number: _____

Grade: _____ Date of Birth: _____

School student attends: _____

Name of Church student and parents are members of: _____

Father's Name and Religion: _____

Mother's First/Maiden Name and Religion: _____

NOTE:

Is your child experiencing any health problems of which we should be aware?

YES _____ **NO** _____

Is your child on any special medication?

YES _____ **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, *please attach one now* . . . 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: _____

Home Phone: _____ Cell Phone: _____

Emergency Number: _____

Grade: _____ Date of Birth: _____

School student attends: _____

Name of Church student and parents are members of: _____

Father's Name and Religion: _____

Mother's First/Maiden Name and Religion: _____

NOTE:

Is your child experiencing any health problems of which we should be aware?

YES _____ NO _____

Is your child on any special medication?

YES _____ 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, please attach one now . . . 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: _____

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 your cooperation!

The Staff of the St. Stanislaus CCD Program