

2010~2011 REGISTRATION FORM

Thank you for taking the time to register your child/children. Please print and complete both sides of this form.

Please check:

- Elementary and Junior High PREP, Gr. 1 ~ 8, Wednesday Evenings, 6:45 to 8 pm
- Senior High PREP. Gr. 9 ~ 12, monthly on Sundays, 4 to 6 pm
- Sunday School for Little People (3,4,and 5 year olds by Sept. 15, 2010)
Sundays mornings, 9:50 ~ 11:00 am

STUDENT INFORMATION

Newly registered children's parents must present a copy of the Baptismal Certificate.

You do not need to provide this information if it is already on file in the Religious Education Office of St. Stanislaus Parish.

Child's Full Name (First Name, Middle Initial, Last Name)	Sex B/G	Date of Birth	Grade Level	Name of Day School	Baptism Date and Parish	1 st Penance Date	1 st Communion Date	Confirmation Date
		//____ Age on 9/15/10 ____						
		//____ Age on 9/15/10 ____						
		//____ Age on 9/15/10 ____						

MEDICAL/LEARNING DATA

If any of the following apply to your child, please list his/her name and give details in appropriate spaces. Please contact our office if you would like to discuss your child's needs.

Child's Full Name	Medical Conditions/Allergies	Prescribed Medications	Disability/ Learning Support Services	Check if IEP

Additional Comments: _____

FAMILY INFORMATION

Are you registered in St. Stanislaus Parish? Yes ___ No ___ Email Address: _____ Home Phone: _____

Father's Name: _____ () Work Phone: _____ Cell Phone: _____
(Last) (First) (M.I.) Deceased

Mother's Name: _____ () Work Phone: _____ Cell Phone: _____
(Last) (First) (M.I.) Deceased

Mother's Maiden Name _____

Father's Religion: _____ Mother's Religion: _____

Parental Status: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Remarried ___ Single Parent

Child lives with: ___ Both Parent ___ Mother ___ Father ___ Guardian ___ Step-Parent

Correspondence should be addressed to: _____
(Name of Adult/s responsible for Religious Education) (Street Address, State, Zip Code)

EMERGENCY CONTACT INFORMATION

If our office is unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Home number: _____ Cell phone: _____

CONSENT FOR MEDICAL CARE

I give permission that, in my absence, my children whose names appear on page 1 on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education programs and activities at Saint Stanislaus Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

Please notify our office if a legal custodial arrangement exists for your child.

St. Stanislaus Parish is honored to assist the parents of our parish as they actively work to form the faith of their children through weekly participation at Mass, daily prayer, living a Sacramental life, and taking part in service toward others.

We/I believe that we/I are/am committed to our/my child's/children's religious education and faith formation.

Parent/s Signature/s: _____