ST. STANISLAUS PREP

2018-2019 PREP YEAR

RETURNING FAMILY

ADDITIONAL CHILD REGISTRATION FORM

Family Name: _____

Child's Name: _____
(Last Name) *(First Name)* *(Middle Name)* *(Nickname)*

Grade in the Fall 2018: _____ School: _____

Has this child previously attended Religious Education Classes? Y / N

If yes, Parish _____ Last Grade Completed _____

Date of Birth: _____

Place of Birth: City _____ State _____

Baptism: Parish _____ Date _____

Address: _____
(Street) (City) (State) (Zip)

If registering your child for the first time, please provide a photocopy of your child's **Baptismal** Certificate if he/she was baptized at another parish. (We can verify St. Stanislaus baptisms.)

If any other sacraments have already been received, please indicate below:

Reconciliation: Parish _____ City/State _____ Date _____

First Communion: Parish _____ City/State _____ Date _____

Confirmation: Parish _____ City/State _____ Date _____

Please note any allergies, medications, physical or learning disabilities, or other information pertinent to your child that will assist us in the classroom:

_____

_____

_____

_____