

**ST. STANISLAUS PREP
2020-2021 PREP YEAR**

RETURNING FAMILY
ADDITIONAL CHILD REGISTRATION FORM

Family Name: _____

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

Grade in the Fall 2020: _____ 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.)

IMMUNIZATION*:

Are your child's vaccinations up to date? ____ Yes ____ No

(If no, has he/she received an exemption from your current school? ____ Yes ____ No)

**Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.*

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:
