The Basilica of St. Stanislaus, Bishop and Martyr Parish Office: 40 Cyman Drive Chicopee, MA 01013 413-594-6669

2025-2026 REGISTRATIONFaith Formation Family Information Form Pre-Kindergarten through Grade 8

PLEASE PRINT

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1stChild's Name				Grade in S	ent. 2025
1 st Child's Name 2 nd Child's Name:				Grade in Sept. 2025 Grade in Sept. 2025	
3 rd Child's Name:					
4 th Child's Name:					
Father's Name:				Religio	n
Father's Name:					
Parent's Marital Status:					
Child(ren) lives with: (Cl					
	me/Relationship)				
Student's Address:					
Stree			State		
Parent E-Mail Address:					
We are parishioners of S	t. Stanislaus Rasilica')	Y or N		
Or We are parishioners of				City State)	
or we are parasitioners			(
Additional Information: student's address listed a					
Name:				Phon	e
Mailing Address					
E-Mail Address					
EMERGENCY & REGU					
Mother's Cell Phone #		Fathe	r's Cell Pho	one #	
Information of another p	erson if neither moth	ier nor fat	her can be	contacted:	
Name Ce					
Relationship to the Child					
For Office Has Only	If you are a regist	anad maniah	ionon of the	Dasiliaa 4ka Da	aistustian Essia
For Office Use Only: Rec'd form:	If you are a registered parishioner of the Basilica, the Registration Fee is \$50 for one child \$90 for two children \$120 for three or more children				
Rec's fee: \$	goo for one child goo for two children gravitor three or more children				
Date:	_				
Check #					
Initial	If you are not a registered parishioner of the Basilica, the Registration Fee is \$100 per child.				
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	Date of Birth				
Place of Birth					
Baptized at St. Stanislaus Basilica?					
Or Baptized atChurch					
	Date				
Name of the Public or Charter School that the child will attend in Sept. 2025:					
Please list any learning needs, health issues (in					
2nd Child's Name	Date of Birth				
Place of Birth					
Baptized at St. Stanislaus Basilica?	Date				
Or Baptized atChurch					
	Date				
	e child will attend in Sept. 2025:				
Please list any learning needs, health issues (in					
Place of Birth	Date of Birth				
Place of Birth	Date of Birth Date				
Place of Birth	Date				
Place of Birth Baptized at St. Stanislaus Basilica? Or Baptized at Church located in (City/State/Country)	Date				
Place of Birth Baptized at St. Stanislaus Basilica? Or Baptized at Church located in (City/State/Country) Name of the Public or Charter School that the	DateDateDate				
Place of Birth Baptized at St. Stanislaus Basilica? Or Baptized at Church located in (City/State/Country) Name of the Public or Charter School that the Please list any learning needs, health issues (in	Date Date e child will attend in Sept. 2025: ncluding allergies, medications, etc.)				
Place of Birth Baptized at St. Stanislaus Basilica? Or Baptized at Church located in (City/State/Country) Name of the Public or Charter School that the Please list any learning needs, health issues (in the Child's Name	Date Date e child will attend in Sept. 2025: ncluding allergies, medications, etc.)				
Place of Birth Baptized at St. Stanislaus Basilica? Or Baptized at Church located in (City/State/Country) Name of the Public or Charter School that the Please list any learning needs, health issues (in	Date Date e child will attend in Sept. 2025: ncluding allergies, medications, etc.)				
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Place of Birth Baptized at St. Stanislaus Basilica? Or Baptized at Church	Date Date e child will attend in Sept. 2025: ncluding allergies, medications, etc.) Date of Birth				

PARENT AND STUDENT LEARNING AND BEHAVIOR AGREEMENT

I have reviewed the classroom expectations with my child who understands what is expected of him/her

and agrees to follow those expectations. I accept my parental spiritual responsibilities and will support the efforts of my child's catechist by ensuring his/her regular class attendance, taking an active interest in my child's progress and making weekly Saturday evening or Sunday Mass a regular part of our family's experience.					
Mother's Signature					
Father's Signature					
Guardian's Signature					
PROTECTION OF YOUTH					
As part of our ongoing commitment to PROTECT CHILDREN from hurtful behaviors by others, St. Stanislaus Faith Formation Ministry teaches students about personal safety. This is part of the Diocese of Springfield's "Safe Environment" programming which includes background checks and training for adults who have contact with children, resources for parents, and skills trainings for teen in our parishes, schools and youth ministries. Presented in the context of our Catholic faith, the goal of the Circle of Grace Program is to educate and empower children and young people to actively participate in a safe environment for themselves and others.					
The Objectives of the Circle of Grace Program are: Children/Young People will *understand they are created by God and live in the love of the Father, Son and Holy Spirit *be able to describe the Circle of Grace which God gives each of us. *be able to identify, discern and maintain appropriate physical, emotional, spiritual and sexual boundaries. *be able to identify all types of boundary violations. *demonstrate how to take action if any boundary is threatened or violated.					
Please check one:					

I give permission for my child(ren) to participate in the Circle of Grace Program.

Guardian's Signature ______Date _____

Mother's Signature

Father's Signature

I do not give permission for my child(ren) to participate in the Circle of Grace Program. _____

SOCIAL MEDIA/PHOTO PERMISSION

During the 2025-26 year of classes, the St. Stanislaus Basilica Religious Education students may participate in news stories about religious education classes or special activities. This may include videotape, audio recording, web posting or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by the St. Stanislaus Basilica Religious Education Program or the Diocese of Springfield and they may be copied, copyrighted, edited and distributed.

News media, including representatives of television, radio, newspapers and magazines, also may be permitted on school/parish property and may take still photos, sound records and/or videos or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television, website posting or radio media. As part of the Diocese of Springfield's Safe Environment policies, we do not publish children's addresses or information about children without the permission of the child's legal guardian.

Please COMPLETE THE FORM BELOW and CHECK ALL THAT APPLY.

I, the undersigned, DO CONSENT AND GRANT FUL Education Program and/or the Diocese of Springfield	· · · · · · · · · · · · · · · · · · ·
First Name(s) only	
First and last name(s)	
Photograph	
Voice	
Other likenesses (video, film)	
of my child(ren) for new releases, media and promotic year of religious education classes 2025-2026	onal activities. This request is valid for the current
Child's Name	Grade
Child's Name	Grade
Child's Name	
Child's Name	Grade
Name (PRINT)	
Parent/Guardian Signature	Date
	OR
Or I, the undersigned DO NOT GRANT CONSENT A	AND FULL PERMISSION FOR THE ABOVE.
Child's Name	Grade
Name (PRINT)	
Parent/Guardian Signature	Date