**THE BASILICA OF ST. STANISLAUS**

Parish Office: 40 Cyman Drive Chicopee, MA 01013 413-594-6669

2025-2026 Confirmation Program

**PLEASE PRINT PLEASE PRINT**

1st Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place &Date of Birth: 2nd Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place & Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name Religion

Mother’s Name (include Maiden) Religion

Parent’s Marital Status: (Check One) Married Separated Divorced Widowed

Child(ren) live(s) with: (Check One) Both parents Father Mother

Other (Name/Relationhsip)

Student’s Address

Street City State Zip

Parent E-Mail Address:

We are parishioners of St. Stanislaus Basilica , or

We are parishioners of Church located in (City,State)

**Additional Notification:** Complete this section if there is a Parent not living at the student’s address listed above, who should be notified of progress and/or special events.

Name Phone Mailing Address E-Mail Address

Emergency Contact Information House Phone

**Mother’s Cell Phone Number**  **Father’s Cell Phone Number**

Information of another person if neither father nor mother can be contacted:

Name Phone Number

Relationship to the Child

***REGISTRATION FORM IS DUE As Soon as Possible: THANK YOU!***

Fee (to be paid with registration form): $65 per student; $120 for two students. Checks should be made payable to St. Stanislaus Basilica.

I request to register my child(ren) for Religious Education instruction.

Parent/Guardian Signature I have enclosed $ Cash Check # Date

Office use only**: Registration form received by Date Cash Check #**

**Page 1 of 2**

PLEASE PRINT

1st **Child’s Name**

**Enrollment:** What grade in school will this child be in for the 2025-2026 school year? What school will this child attend in the Fall of 2025?

Did this child attend St. Stanislaus School last year? Yes No

Did this child attend Religious Education last year? (Check One) Yes No

If yes, where? Grade

**Student’s Sacramental Information:** (Fill in all that apply.) **If the student was not baptized at St.**

**Stanislaus Basilica, you MUST provide a copy of the child’s Baptismal Certificate with this registration form.**

*Baptism*

Date Name of Church City Sta

*1st Communion:*

Date Name of Church City State

**Are there any special needs/conditions that would help us in teaching your child (e.g. allergies, language, medical, ADD, family, school)?**

2nd **Child’s Name**

**Enrollment:** What grade in school will this child be in for the 2025-2026 school year?

What school will this child attend in the Fall of 2025?

Did this child attend Religious Education last year? (Check One) Yes No

If yes, where? Grade?

**Student’s Sacramental Information:** (Fill in all that apply.) **If the student was not baptized at St. Stanislaus Basilica,**

you MUST provide a copy of the child’s Baptismal Certificate with this registration form.

*Baptism*

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Date Name of Church City State

*1st Communion:*

Date Name of Church City State

Are there any special needs/conditions that would help us in teaching your child (e.g. allergies, language, medical, ADD, family, school)?

Page 2 of 2