

YELLOW FORM

**The Basilica of St. Stanislaus
566 Front Street Chicopee, MA 01013**

PLEASE PRINT

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**Confirmation Program
Religious Education Family Information Form**

1st Child's Name: _____ Date of Birth: _____ Gender: _____

2nd Child's Name: _____ Date of Birth: _____ Gender: _____

Father's Name: _____ Religion _____

Mother's Name (Include Maiden) _____ Religion _____

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

Child(ren) Lives with: (Check One) _____ Both Parents _____ Father _____ Mother
_____ Other (Name/Relationship) _____

Student's Address _____ Telephone _____
Street City State Zip

Parent E-Mail Address: _____

Are you a parishioner of St. Stanislaus? (Check One) _____ Yes _____ No If no, where? _____

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:

Mother's Cell Phone Number (_____) _____ - _____ Father's Cell Phone Number (_____) _____ - _____

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

Name _____ Cell Phone Number _____

Relationship to the Child _____ Another Phone Number _____

Registration is due by September 15th.

Fee: \$65 All checks should be made out to *St. Stanislaus Basilica*.

I request to register my child(ren) for Religious Education instruction. I have enclosed \$ _____.

Parent/Guardian Signature: _____ **Date:** _____

Please remember to fill out the Student Registration Form on the other side of this form.

Office Use Only: Registration Received on: _____ Cash _____ Check # _____