

**The Basilica of St. Stanislaus Basilica**  
**Parish Office: 40 Cyman Drive Chicopee, MA 01013**  
**FAITH FORMATION PROGRAM**  
**2019-2020 REGISTRATION**

**Religious Education Family Information Form**

**PLEASE PRINT**

**Kindergarten through Grade 8**

**PLEASE PRINT**

1<sup>st</sup> Child's Name: \_\_\_\_\_ Grade in Sept. 2019 \_\_\_\_\_  
2<sup>nd</sup> Child's Name: \_\_\_\_\_ Grade in Sept. 2019 \_\_\_\_\_  
3<sup>rd</sup> Child's Name: \_\_\_\_\_ Grade in Sept. 2019 \_\_\_\_\_  
4<sup>th</sup> Child's Name: \_\_\_\_\_ Grade in Sept. 2019 \_\_\_\_\_

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: \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Parent E-Mail Address: \_\_\_\_\_

We are parishioners of St. Stanislaus Basilica \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Mother's Cell Phone # \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

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

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Relationship to the Child \_\_\_\_\_ Another Phone # \_\_\_\_\_

<p><b>For Office Use Only:</b> Rec'd form: _____ Rec's fee: \$ _____ Date: _____ Check # _____ Initial _____</p>	<p><b>Fee:</b> \$45 per child \$80 for two children \$100 for three or more children Non-parishioner: \$95 per child</p> <p style="text-align: center;"><i>Checks made payable to St. Stanislaus Basilica</i> <i>Return registrations to the Parish Office 40 Cyman Drive</i> <b>*** Register by <u>June 24, 2019</u> and get \$10 off per child.</b></p>
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**1<sup>st</sup> Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Baptized at St. Stanislaus Basilica** \_\_\_\_\_ **Date** \_\_\_\_\_

**At Another Church** \_\_\_\_\_ **Date** \_\_\_\_\_

**School in Sept. 2019** \_\_\_\_\_

**Please list any learning needs, health issues (including allergies, medications, etc.**

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**2<sup>nd</sup> Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Baptized at St. Stanislaus Basilica** \_\_\_\_\_ **Date** \_\_\_\_\_

**At Another Church** \_\_\_\_\_ **Date** \_\_\_\_\_

**School in Sept. 2019** \_\_\_\_\_

**Please list any learning needs, health issues (including allergies, medications, etc.**

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**3<sup>rd</sup> Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Baptized at St. Stanislaus Basilica** \_\_\_\_\_ **Date** \_\_\_\_\_

**At Another Church** \_\_\_\_\_ **Date** \_\_\_\_\_

**School in Sept. 2019** \_\_\_\_\_

**Please list any learning needs, health issues (including allergies, medications, etc.**

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**4<sup>th</sup> Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Baptized at St. Stanislaus Basilica** \_\_\_\_\_ **Date** \_\_\_\_\_

**At Another Church** \_\_\_\_\_ **Date** \_\_\_\_\_

**School in Sept. 2019** \_\_\_\_\_

**Please list any learning needs, health issues (including allergies, medications, etc.**

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**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.

Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_  
Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_  
Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_  
Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_

Mother’s Signature \_\_\_\_\_  
Father’s Signature \_\_\_\_\_  
Guardian’s Signature \_\_\_\_\_

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 teens in our parishes, schools and youth ministries. Presented in the context of our Catholic faith, “Safe Environment Every Day” or “SEED” teaches children in grades 1-6 skills to identify, respond to, and report situations that might be harmful to them. Parents will receive supplemental information, including safety tips for children and resources about bullying and internet safety. The lessons will be taught in class sessions over the school year, with age specific goals for each grade level. These are:

- First Grade: Rules about the Body
- Second Grade: Rules for interacting with Others, including preventing bullying
- Third Grade: Listening to Your Intuition
- Fourth Grade: Secrets – Those You Keep and Those You Share
- Fifth Grade: Healthy Friendships, including preventing peer violence
- Sixth Grade: Healthy Boundaries in Real- Time and Cyberspace
- Seventh and Eighth Grades: Called to Protect Program

You will be notified of the dates on which these classes will be held.

Please check whether you will allow your child(ren) to participate and sign below:

1<sup>st</sup> Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_  
2<sup>nd</sup> Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_  
3<sup>rd</sup> Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_  
4<sup>th</sup> Child’s Name \_\_\_\_\_ Grade \_\_\_\_\_

I give permission for my child(ren) to participate in the Safe Environment Program. \_\_\_\_\_

I do not give permission for my child(ren) to participate in the Safe Environment Program. \_\_\_\_\_

Mother’s Signature \_\_\_\_\_  
Father’s Signature \_\_\_\_\_  
Guardian’s Signature \_\_\_\_\_

## SOCIAL MEDIA/PHOTO PERMISSION

During the 2019-20 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 FULL PERMISSION** for St. Stanislaus Basilica Religious Education Program and/or the Diocese of Springfield to use the:

- First Name(s) only
- First and last name(s)
- Photograph
- Voice
- Other likenesses (video, film)

of my child(ren) for new releases, media and promotional activities. This request is valid for the current year of religious education classes 2019-2020

Child's Name _____	Grade _____
Child's Name _____	Grade _____
Child's Name _____	Grade _____
Child's Name _____	Grade _____

Name (PRINT) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

OR

I, the undersigned **DO NOT GRANT CONSENT AND FULL PERMISSION FOR THE ABOVE**.

Child's Name _____	Grade _____
Child's Name _____	Grade _____
Child's Name _____	Grade _____
Child's Name _____	Grade _____

Name (PRINT) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_