

2023-2024 Confirmation Program

PLEASE PRINT

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

2nd Child's Name _____ 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 _____

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. If the registration fee is paid by August 22th, the fee will be \$55.00 per student; \$100 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 # _____

PLEASE PRINT

1st Child's Name _____

Enrollment: What grade in school will this child be in for the 2023-2024 school year? _____

What school will this child attend in the Fall of 2023? _____

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
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1st Communion: _____

Date	Name of Church	City	State
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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 2023-2024 school year?

What school will this child attend in the Fall of 2023? _____

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	State
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1st Communion: _____

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

