

**2024-2025 Confirmation Program**

PLEASE PRINT

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1<sup>st</sup> Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2<sup>nd</sup> 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/Relationship) \_\_\_\_\_

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. 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

1<sup>st</sup> 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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1<sup>st</sup> 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)?**

\_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> 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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1<sup>st</sup> 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)?**

\_\_\_\_\_  
\_\_\_\_\_