

# REGISTRATION FORM: GRADES K - 8

## St. Stanislaus Parish School of Religion

*Please complete the front and back of this form.*

Mother's Name \_\_\_\_\_ Catholic  Yes  No

Father's Name \_\_\_\_\_ Catholic  Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

What is the best way to contact you (check all that apply)?

Home Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Text:     Y     N

E-mail \_\_\_\_\_

Are you a registered member of St. Stanislaus Parish?  Yes  No

	<b>Student Name</b>	<b>Birth Date</b>	<b>Grade</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

For each child circle the appropriate response:

	<u>Baptism</u>	<u>Reconciliation</u>	<u>Communion</u>	<u>Confirmation</u>
1.	Yes    No	Yes    No	Yes    No	Yes    No
2.	Yes    No	Yes    No	Yes    No	Yes    No
3.	Yes    No	Yes    No	Yes    No	Yes    No

As a parish family, we are all called to serve in many ways.

We ask that you consider helping us fulfill various roles in PSR this school year.

I would like to volunteer to (please check all that apply):

- Substitute teach (Grade \_\_\_\_\_)
- Guest speak (Topic/grade \_\_\_\_\_)
- Help plan/prepare family nights
- Provide snacks for my child's class
- Provide snacks for family nights
- Serve roles in PSR Masses & prayer services

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Enclose \$20.00 per child OR no more than \$50 per family and return completed form (along with info. on the back) to the rectory office at 6418 Route W or in the box at the entrance of Church. Please call 636-4925 or email [ststanyouth@socket.net](mailto:ststanyouth@socket.net) with questions.**

# MEDICAL INFORMATION

*The following information is necessary in case we need to seek emergency treatment for your child. It will be kept confidential to be used only in case of emergency.*

If you cannot be reached in case of an emergency, whom should we call?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

For each child, please answer the following:

Child	List any allergies (food or medical)	List medications taken	Any other medical concerns
1.			
2.			
3.			

*I understand every attempt will be made to reach me, but if the severity of the injury indicates the necessity, the emergency response system will be called. I authorize emergency treatment to be administered.*

Signed \_\_\_\_\_

Date \_\_\_\_\_