

PLEASE PRINT
Fill in all possible categories for
EACH PERSON

ST. STANISLAUS FAITH FORMATION REGISTRATION FORM

Date Registered

Parent/Guardian

Last Name _____ First Name _____ Telephone (Home) _____ Telephone (Cell) _____ Email _____

Last Name _____ First Name _____ Telephone (Home) _____ Telephone (Cell) _____ Email _____

Street Address _____ City _____ State _____ Zip Code _____

CHILDREN

	First Name	Last Name	Birth Date	Grade Level	Baptized Yes/No	Received 1st Eucharist Yes/No	Received 1st Reconciliation Yes/No
1							
2							
3							
4							
5							

Check here if your child has any special needs. If so, explain on back.

Fees: \$50.00 per child \$120.00 Family Maximum
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**Do you have any special concerns or instructions regarding your child(ren)?
(Please put child's name by your concern. Thanks.)**

Medications

Allergies

Emergency Contact

Name _____

Relationship to Youth _____

Phone Number _____

Insurance plan & number _____

Hospital of Choice _____