



Faith Formation Registration 2018-2019

St. Stanislaus Kostka Church
Rochester, New York



FAMILY INFORMATION

Family Name: _____

Family Address: _____

City, State Zip Code: _____

Family/Primary Phone: _____

Family/Primary Email: _____

2 Best Emergency Methods: _____

Registered Parishioner: St. Stanislaus: Yes No If No: Name of Parish Where Registered: _____

FATHER'S INFORMATION

Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____

MOTHER'S INFORMATION

Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____

CHILDREN'S INFORMATION

Student's First Name (Include Last Name if Different from Family Name)	M or F	Date of Birth	Special Needs (i.e. Allergies, Behavioral/ Learning Impairments) Yes / No * If Yes: Describe on Back	Grade 2018- 2019	School	VBS	Religious Education	First Reconciliation & Communion Prep.	Confirmation Prep.
			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY CONTACT	
Name:	
Relationship:	
Cell Phone:	
Home	
Work Phone:	
Email:	

EMERGENCY INFORMATION	
Primary Physician:	
Physician Phone:	
Preferred Hospital:	
Insurance Company:	
Policy Number:	

I hereby certify that the above information is correct and give permission for my child to be transported in privately-owned vehicles for medical and other emergencies only, and for the release of medical records to an attending healthcare professional in case of illness or injury. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I give permission for the St. Stanislaus Church of Rochester, NY to make use of pictures of my child for informational/advertising purposes only for Parish programs. Yes No

Parent's Signature:	Date:
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SPECIAL NEEDS (Please Describe):

TUITION
VBS: no fee/registered parishioner (<i>free will donations gladly accepted</i>); \$25/non-parishioner
Religious Education Classes: \$50/student/year; \$100/2 students/year; \$125 family maximum/year
First Reconciliation & First Communion: \$50/student
Confirmation Prep. Sessions: \$50/student/2-year program
No child should ever forgo faith formation for financial reasons. If such a need exists, please discuss with the program coordinator.
Payments may be made electronically using the Online Giving link at http://saintstanislausrochester.org/ .

FOR OFFICE USE ONLY		
Amount Due:	Amount Paid:	Date:
Cash:	Check #:	Initial: