

2023/2024 St. Stanislaus Parish School of Religion (PSR)

REGISTRATION FORM: GRADES K-6 / Must be members of St. Stanislaus Parish

Contact: St. Stanislaus Parish Office, email: ststandre@ststan.net or phone 573-636-4925 Please

return completed form to the St. Stanislaus Parish Office

Student (include middle) Name	Birth Date	Grade	Baptism	1 st Reconciliation	1 st Communion
1) _____	_____	_____	Y/N	Y/N	Y/N
Copy of Baptismal Certificate needed for registration			Member of St. Stanislaus: Y/N		

Student (include middle) Name	Birth Date	Grade	Baptism	1 st Reconciliation	1 st Communion
2) _____	_____	_____	Y/N	Y/N	Y/N
Copy of Baptismal Certificate needed for registration			Member of St. Stanislaus: Y/N		

Student (include middle) Name	Birth Date	Grade	Baptism	1 st Reconciliation	1 st Communion
3) _____	_____	_____	Y/N	Y/N	Y/N
Copy of Baptismal Certificate needed for registration			Member of St. Stanislaus: Y/N		

Mother's (include maiden) Name _____ Catholic Yes No

Address _____

Cell # _____ Email _____ Text? Yes No

(most communication happens through email)

Father's Name _____ Catholic Yes No

Address _____

Cell # _____ Email _____ Text? Yes No

(most communication happens through email)

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HOUR OF POWER

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Drop-off and Pick-up Permission Information

I, _____, mother/father of a St. Stanislaus PSR student(s) give my permission to the following individuals to drop-off and pick-up my child(ren) at/from the program when necessary.

Name and relationship:

Phone:

I have read the St. Stanislaus Parish School of Religion **Parent Handbook** ____ Yes ____ No

I give permission for my child(ren) photos to be placed on **St. Stanislaus social media pages** if applicable to events relating to the Church. ____ Yes ____ No

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

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

Child's Name	List any allergies (food or medical)	Current list of medications	Any other medical concerns
1)			
2)			
3)			

Parent/Guardian Name: _____

Phone: _____

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

Name: _____

Relationship: _____

Phone: _____

Hospital Preference: _____

Physician: _____

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____