



# Faith Formation Registration 2025-2026

**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 2025- 2026	School	VBS  July 7-11, 2025	Religious Education Grades K-7	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
<i>Only If Parent/Guardian Is Unavailable</i>
Name:
Relationship:
Cell Phone:
Home Phone:
Email:

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

<p>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.</p>	
<p>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 <input type="checkbox"/>    No <input type="checkbox"/></p>	
Parent's Signature:	Date:

SPECIAL NEEDS (Please Describe):

TUITION	DUE AT START OF CLASSES
VBS: no fee/registered parishioner/free will donations gladly accepted; \$30/non-parishioner	
Religious Education: \$65/student/year; \$125/2 students/year; \$175 family maximum/year	
First Reconciliation & First Communion: \$65/student	
Confirmation: \$65/student/2-year program	
No child should forgo faith formation for financial reasons. If such a need exists, please discuss with the program coordinator.	
Make payments electronically using the Online Giving Link (Select Faith Formation) @ <a href="http://saintstanislausrochester.org/">http://saintstanislausrochester.org/</a> .	
Check Here if Paying Electronically <input type="checkbox"/>	

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