



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	EMERGENCY INFORMATION
<i>Only If Parent/Guardian Is Unavailable</i>	Primary Physician:
Name:	Physician Phone:
Relationship:	Preferred Hospital:
Cell Phone:	Insurance Company:
Home Phone:	Policy Number:
Email:	

<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) @ http://saintstanislausrochester.org/ .	
	Check Here if Paying Electronically <input type="checkbox"/>

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