

St. Stanislaus Catholic Church
Bandera, TX 78003
Religious Education Registration 2017/2018
Grades K-12

Date: _____

Student Name: _____

DOB: _____ Grade in School: _____

Father/Guardian: _____ Religion: _____

Phone: _____ Cell: _____ Text Y N

Email Address: _____

Mother/ Guardian: _____ Religion: _____

Phone: _____ Cell: _____ Text Y N

Email Address: _____

Home Address: _____

Mailing Address: _____

Emergency Contact: _____ Phone: _____

Address: _____

Please provide information for all sacraments this child has received:

Baptism _____
DATE PARISH, CITY

Reconciliation _____
DATE PARISH, CITY

Communion _____
DATE PARISH, CITY

Confirmation _____
DATE PARISH, CITY

Health Issues / Special Needs: _____

Other: _____

Which Mass does your child attend?: _____

Parent / Guardian Signature: _____

Forms/Fee (\$15/Child)

Date	Registration	Liability Waiver	Life Teen?	Edge?	Payment Amt.

This form will be retained in church office