

**St. Stanislaus Catholic Church**  
**Bandera, TX 78003**  
**Faith Formation Registration 2016/17**

Date \_\_\_\_\_ DOB \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Religion \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Text: Y N

Email Address: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Religion \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Text: Y N

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please list Parish and date of sacraments this child has received:

Baptism:(Parish) \_\_\_\_\_ (Date)\_\_\_\_\_

Reconciliation:(Parish) \_\_\_\_\_ (Date)\_\_\_\_\_

1<sup>st</sup> Communion:(Parish) \_\_\_\_\_ (Date)\_\_\_\_\_

Confirmation:(Parish) \_\_\_\_\_ (Date)\_\_\_\_\_

Health Issues/Special Needs: \_\_\_\_\_

**Other:** \_\_\_\_\_

**\*\*CHILDREN ARE REQUIRED TO ATTEND MASS WEEKLY\*\***

Parent/Guardian signature \_\_\_\_\_

*\*\*This form will be retained in church office\*\**

**Office Use Only:**

Amount Paid: \_\_\_\_\_ Cash: \_\_\_ Check: \_\_\_ Check # \_\_\_\_\_ Date RCVD: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash: \_\_\_ Check: \_\_\_ Check # \_\_\_\_\_ Date RCVD: \_\_\_\_\_