

RELIGIOUS EDUCATION REGISTRATION FORM
ST. STANISLAUS KOSTKA CHURCH
201 BUCKBEE ST. ROCKFORD, IL 61104

School Year: _____ Tuition Fee: **\$70.00** Fee Paid _____

STUDENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone _____ Cell _____ e-mail _____

Date of Birth _____ Current Age _____ Male _____ Female _____

School attending _____ Grade _____

Father's Name _____

Mother's Name _____

Place my child in _____ grade for this school year

Previous Religious Education:

School/Church _____

Grade _____ Year _____

If unable to reach Parent/Guardian, who may we call:

Name _____

Relationship _____ Phone _____

Registered in Parish: Yes _____ No _____

Baptized: Yes _____ No _____ Reconciliation: Yes _____ No _____

Eucharist: Yes _____ No _____ Confirmation: Yes _____ No _____

Parent/Guardian Signature _____