

**HOUR OF POWER  
REGISTRATION FORM: GRADES K - 5  
St. Stanislaus Parish School of Religion (PSR)**

*Please complete the front and back of this form.*

Mother's Name \_\_\_\_\_ Catholic \_\_\_ Yes \_\_\_ No

Father's Name \_\_\_\_\_ Catholic \_\_\_ Yes \_\_\_ No

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_ Home Phone \_\_\_\_\_

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

Much communication happens through email \_\_\_\_\_

Are you a registered member of St. Stanislaus Parish? \_\_\_ Yes \_\_\_ No

	<b>Student Name</b>	<b>Birth Date</b>	<b>Grade</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

For each child circle the appropriate response:

	<u>Baptism</u>	<u>Reconciliation</u>	<u>Communion</u>	<u>Confirmation</u>
1.	Yes No	Yes No	Yes No	Yes No
2.	Yes No	Yes No	Yes No	Yes No
3.	Yes No	Yes No	Yes No	Yes No

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

***Please call 636-4925 or email [ststanleann@socket.net](mailto:ststanleann@socket.net) with questions.***