



St. Stanislaus Catholic Church

6418 Rt W, Wardsville MO 65101 (573) 636-4925

Sunday School Registration Form

2018-2019 / 10:30 Mass

Student Name: _____

Address: _____

Date of Birth: _____

Church of Baptism: _____ Date: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Email Address: (M) _____ (F) _____

Emergency Contact (other than parent)

Name: _____ Phone: _____

Allergies or Medical Conditions: _____

I give permission to take my child's picture for classroom projects and/or church website/social media sites Yes No

Parent's Signature _____

Registration Fee: \$20 Child _____

I would be willing to assist with this program: Yes

