

Train a child in the way he should go, and when he is old he will not turn from it.

Proverbs 22:6

St. Stephen Catholic Church Faith Formation Registration Form 2016-2017



We are are not registered parishioners at St. Stephen. If you are not, please fill out a parish family registration form.

Family Information

Family Last Name: _____ Telephone: _____

Street Address: _____
Street City / State Zip Code

Mailing Address: _____
(If different from street address)

Parents / Guardian Information

Father's Name: _____ Mother's Name: _____

Maiden Name: _____

Occupation: _____ Occupation: _____

Cell Number: _____ Cell Number: _____

Work Number: _____ Work Number: _____

Religion: _____ Religion: _____

E-mail: _____ E-mail: _____

Marital Status: _____
(Circle one) Single, Catholic Married, Civil Marriage, Other Church, Divorced, Separated, Widow

Are there any special circumstances that we should we know about? (i.e. parental custody issues)

Yes, I would like to know more about volunteering in the Faith Formation Program. Please call me.

Emergency Contact Information

In an event of an emergency, who should we contact?

Name: _____ Phone #: _____ Relationship to student: _____

I give permission to use my child's/children's picture in parish publications and web site.

Signature of Parent/Guardian

Date: _____

Flocknote: St. Stephen's communication tool is Flocknote. We use flocknote.com to help register our parishioners to send out information via email, txt msg, Facebook, Twitter, phone & more. All from one, easy place. It's the best way to connect with all of our ministries and activities and in the way that you prefer to communicate! You can quickly register at <https://www.flocknote.com/ststephen>

Please note: If your child is new in our program, and was not baptized at St. Stephen's, please include a copy of their baptismal certificate. This needs to accompany this form.

Your faith is a living testament to your children: embrace it, show it and, most importantly, share it.

Student Information

Student's Name: _____ Sex: Male Female

Child's School: _____ School Grade for 2016-2017: _____

Date of Birth: _____ Previous Religious Education? Yes No Where? _____

Sacraments Received:

Church, City, & State

Baptism: Yes No _____

First Penance: Yes No _____

First Communion: Yes No _____

Confirmation: Yes No _____

Does your child have any medical conditions and/or special educational needs or learning disabilities that we should be aware of? Yes No Please specify: _____

If the student is not living with his or her birth father and/or mother, please enter the following:

Birth Father: _____ Birth Mother: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____

Work Ph: _____ Religion: _____ Work Ph: _____ Religion: _____

(Do not write below this line. For office use only.)

Enrollment Year: _____ 2016-2017

Program Year	School	Grade	Religious Ed. Program	Religious Ed. Teacher	Attendance Rating:	Comments Remarks:
		K				
		1				
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
		11				
		12				