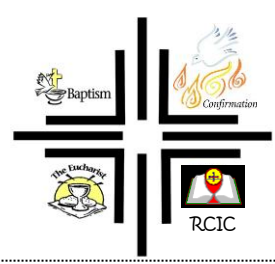


Train a child in the way he should go, and when he is old he will not turn from it.

Proverbs 22:6

# St. Stephen Catholic Church Faith Formation Registration Form 2017-2018



## NEW STUDENT REQUIREMENTS TO REGISTER

- A copy of the child's Baptismal Certificate.
- Where the child was previously enrolled in Faith Formation (required for those in grade 2 and up): \_\_\_\_\_
- If the child's family is not registered in the parish, a *St. Stephen Parish Registration Form* must be included.

## 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: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Marital Status (check all applicable):  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.

\_\_\_\_\_

## Please select the faith formation session for your child(ren):

Wednesday Afternoon Children's Class  
Meet weekly on Wednesday 3:45 – 4:30 PM

Family Faith Formation Class  
Meet monthly on Sunday as a family 10:00 AM – 12:00 PM

## Photo Publication Consent

I give permission to use my child's(ren's) picture in parish publications and web site.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

*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 2017-2018: \_\_\_\_\_

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: \_\_\_\_\_

Phone: \_\_\_\_\_ Religion: \_\_\_\_\_ Phone: \_\_\_\_\_ Religion: \_\_\_\_\_

### Emergency Contact Information

In an event of an emergency, who should we contact? Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Enrollment Year: 2017 - 2018

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