

ST. STEPHEN CATHOLIC CHURCH
FAITH FORMATION REGISTRATION FORM
2017-2018

Family Last Name: _____
Apellido de familias

Mailing Address: _____
Domicilio

City/State/Zip: _____
Ciudad/Estado/Zona postal

Home Phone: _____
Telfono

E-Mail Address: _____
Correo Electronico

Father's Name: _____ **Mother's Name:** _____
Nombre del padre *Nombre de la madre*

Cell Phone: _____ **Cell Phone:** _____
Telefono celular *Telefono celular*

Emergency Contact: Relative or friend to contact if unable to reach a parent/guardian.

Contact Name: _____ **Relation to Family:** _____
Contacto de emergencia *La Relacion al familia*

Phone: _____
Telefono

Child's Full Name <i>Nombre y apellido de nino/nina</i>	Age <i>edad</i>	DOB (MM/DD/YY) <i>Fecha de nacimiento</i>	Grade <i>grado</i>	Received Baptism (Y/N)	Received Reconciliation and Holy Communion (Y/N)	Received Confirmation (Y/N)

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DONATION - *A donation for supplies and materials is strongly encouraged*

WEDNESDAY FAITH FORMATION CLASSES & RCIA ADAPTED FOR CHILDREN:

\$40 per student

\$75 per family

SACRAMENTAL PREPARATION CLASSES:

\$30 First Reconciliation & Holy Communion Class (2nd Grade)

\$30 Confirmation Class (9th Grade & up)

PHOTO CONSENT

As a parent/guardian, I give permission for my child(ren) to be photographed during activities associated with church sponsored events . I understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

Parent/Guardian Signature: _____

FAITH FORMATION COVENANT

I, the parent/guardian, do hereby give my permission and approval for my child(ren) to participate in the Faith Formation Program during the 2017-2018 year with St. Stephen Catholic Parish.

I promise to make every effort to take my child(ren) to Mass on Sunday and Holy Days of Obligation. I recognize that this is an essential part of living faith together as a family. I realize that the Church teaches that parents are the primary educators of the faith. I commit to making sure that my child(ren) attends class regularly and will participate in the activities and events scheduled.

Parent/Guardian Signature: _____

OFFICE USE

Date Received: _____ **Amount Paid:** _____ **Check #** _____