

ST. STEPHEN CATHOLIC CHURCH
FAITH FORMATION REGISTRATION FORM
2018-2019

Family Last Name: _____

Mailing Address: _____

City/State/Zip: _____

Primary Phone: _____

E-Mail Address: _____

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

Cell Phone: _____ **Cell Phone:** _____

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

Contact Name: _____ **Relation to Family:** _____

Phone: _____

Child's Full Name	Age	Grade 2018-19	DOB (MM/DD/YY)	SACRAMENTS Yes or No		
				Baptism	Holy Communion	Confirmation

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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 2018-2019 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: _____

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

WEDNESDAY FAITH FORMATION CLASSES & RCIA ADAPTED FOR CHILDREN:

- \$40 per student or
- \$75 per family

SACRAMENTAL PREPARATION CLASSES:

- \$30 First Reconciliation & Holy Communion Class (2nd Grade & up))
- \$30 Confirmation Class (9th Grade & up)

Faith Formation - (1) Student	\$40	\$ _____
Faith Formation - (2) or more Students	\$75	\$ _____
First Reconciliation & Holy Communion (2nd Grade & up)	_____ X \$30 =	\$ _____
Confirmation (9th grade & up)	_____ X \$30 =	\$ _____
TOTAL AMOUNT		\$ _____

OFFICE USE

Cash _____ Check _____ Credit Card _____ Date Received _____