



## St. Stephen Faith Formation Enrollment Form 2018-2019

**Family Information:** *Please include information for both legal parents, even if child is only living with one.*

Parent Information	Father	Mother
First and Last Name		
Mailing Address		
Email		
Home Phone		
Cell Phone		
Business Phone		
Employer		
Church		
Marital Status (Married, Separated, Divorced, Widowed, Remarried, Single)		
Name of Stepparent		
Name of Guardian		
With Whom Does the Child Reside?		

### Sacramental Preparation

In keeping with diocesan policies, family-based sacramental preparation sessions are offered for First Communion and Penance/Reconciliation in Grade 2. Sacramental preparation for Confirmation is offered in Grade 8. Confirmation candidates undertake this process of completing their initiation accompanied by their sponsors with the support of their families.

Catholic children in Grade 2 of St. Stephen School or registered in the Faith Formation Program with consistent attendance are automatically enrolled in sacramental preparation for First Communion and First Penance/Reconciliation. Families must complete a separate registration form to enroll their children in the sacramental preparation sessions for Confirmation. Registration forms for Confirmation will be sent out later in the fall.

Please thoroughly review the sacramental information we have on file for you child (on next page). Immediately correct any inconsistencies and fill in any blanks. Return the corrected form to the attention of Brittany Renne, Coordinator of Religious Education and Youth Ministry, via snail mail. Children preparing to receive the sacraments of First Communion and Confirmation are required to have a recent copy (issued 6 months prior to sacrament) of their baptismal certificate with notations. **YOU DO NOT NEED TO PROVIDE THIS** as the Faith Formation department will procure a copy for your child's records.

### Children to be Enrolled

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Was this child enrolled in our program last year? \_\_\_\_\_ Enrolling this year (circle one)? Yes No

Sacrament	Date	Church/City/State	Pastor's Name
Baptism			
First Communion			
Confirmation			

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Was this child enrolled in our program last year? \_\_\_\_\_ Enrolling this year (circle one)? Yes No

Sacrament	Date	Church/City/State	Pastor's Name
Baptism			
First Communion			
Confirmation			

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Was this child enrolled in our program last year? \_\_\_\_\_ Enrolling this year (circle one)? Yes No

Sacrament	Date	Church/City/State	Pastor's Name
Baptism			
First Communion			
Confirmation			

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Was the child enrolled in our program last year? \_\_\_\_\_ Enrolling this year (circle one)? Yes No

Sacrament	Date	Church/City/State	Pastor's Name
Baptism			
First Communion			
Confirmation			

## Health Information

Family Name: \_\_\_\_\_

Please list your children's names and any specific medical needs of which we should be aware (i.e. allergies, medication, asthma, vision, hearing).

---

---

---

## Emergency Information

<b>Name of Doctor/Clinic</b>	<b>Phone Number of Doctor/Clinic</b>
<b>Address of Doctor/Clinic</b>	<b>Name of Health Insurance Carrier</b>
<b>Hospital Preferred for Emergency Treatment</b>	<b>Health Insurance Policy Number</b>
<b>Emergency Contact (Other than Parents)</b>	<b>Emergency Contact Phone Number(s)</b>

## Medical Release Form

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child in the event of an emergency in which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible. I am authorizing such treatment for my child(ren's) participation in St. Stephen's Faith Formation/Youth Ministry events from July 1, 2018 to June 30, 2019.

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

## Media Release Consent

I understand that photography and/or videos of participants may be procured during Faith Formation programming and used in promotional materials (persons in photos will not be identified by name). I consent to the use of images in whole or in part or likenesses of the aforementioned person(s) for promotional purposes in public relations materials listed below (please check those for which consent is given). Consent is valid from July 1, 2018 to June 30, 2019.

Website \_\_\_\_\_ Brochures \_\_\_\_\_ Social Media \_\_\_\_\_ In-House Promotions \_\_\_\_\_ Newspaper \_\_\_\_\_

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

## Registration Fee for Preschool through 12th Grade

Parishioner, PreK - 8th	Non-Parishioner PreK - 8th	High School
1 Child: \$65	1 Child: \$100	Per Child: \$45
2 Children: \$110	2 Children: \$180	
3 or more Children: \$175	3 or more Children: \$275	

**PLEASE NOTE: Payment is due *in full* at the time of registration.**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Parishioner Number: \_\_\_\_\_

Payment Method (please check one):

I am enclosing a check for our family's full tuition for the year.

Please charge my ( MasterCard  Visa  Discover) card for the above amount.

Cardholder's name (as it appears on the card): \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Financial Assistance

We do not exclude any child from our program because of a family's inability to pay. If you are a registered parishioner at St. Stephen and have financial need, confidential financial assistance is available.

Please contact me about financial assistance.