2026 – 2027 Registration Checklist

Faith Formation Registration will be in Rooms 1 and 2.

Bring your paperwork filled out.

- **Faith Formation Registration Forms**
  - Form A (New forms must be filled out every June for the upcoming year.)
  - Form B (New forms must be filled out every June for the upcoming year.)
  - Empowering God's Children - Opt Out Form (Only needed if you do NOT want your child to attend the in person class.) Form will be available at registration.
  - Please provide a copy of your child's/children's Baptism and First Communion certificates even if your child received their sacraments at St. Stephen. These will be kept on file for subsequent years. (Only need to provide one time.)

The first table you will stop at is to pay for your classes.

RECIEPT OF PAYMENT: *For Office Use Only*

_____ One child

_____ Two children

_____ Three or more children

Payment processed by: _____

If you need to be registered into St. Stephen parish, we can assist you with that during the Faith Formation Registration.

St.Stephen - FaithFormationRegistration

1802 Bethel Road PO Box 1743, Weatherford, TX 76086 **Term:** 2026 - 2027

FAMILY INFORMATION

Family Last Name: _____ **Date:** _____

Father: _____ Father's Email: _____

Mother: _____ Mother's Email: _____

Mother's Maiden: _____ **Emergency Contact:** _____

Home Phone: _____ Emergency Phone: _____

Home Address: _____

City, St, Postal: _____

Father's Cell / Work: _____ Father Religion: _____

Mother's Cell / Work: _____ Mother Religion: _____

STUDENT INFORMATION

Student Name: _____

Gender: ☐ Male ☐ Female

Birth Date: _____

Grade: _____

Attending Session 1: ☐ Attending Session 2: ☐

Class: _____

Sacrament Details Check & Date All Below

☐ Baptism: _____

☐ Eucharist: _____

☐ Reconciliation: _____

☐ Confirmation: _____

Special Needs(Medical, Learning Disablilities, Physical Disabilities etc):

_____

STUDENT INFORMATION

Student Name: _____

Gender: ☐ Male ☐ Female

Birth Date: _____

Grade: _____

Attending Session 1: ☐ Attending Session 2: ☐

Class: _____

Sacrament Details Check & Date All Below

☐ Baptism: _____

☐ Eucharist: _____

☐ Reconciliation: _____

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Special Needs(Medical, Learning Disablilities, Physical Disabilities etc):

_____

St.Stephen - FaithFormationRegistration

1802 Bethel Road PO Box 1743, Weatherford, TX 76086 **Term:** 2026 - 2027

STUDENT INFORMATION

Student Name: ______________________________

Gender: ☐ Male ☐ Female

Birth Date: ______________

Grade: ______________________________

Attending Session 1: ☐ Attending Session 2: ☐

Class: ______________________________

Sacrament Details Check & Date All Below

☐ Baptism: ______________

☐ Eucharist: ______________

☐ Reconciliation: ______________

☐ Confirmation: ______________

Special Needs(Medical, Learning Disablilities, Physical Disabilities etc):

STUDENT INFORMATION

Student Name: ______________________________

Gender: ☐ Male ☐ Female

Birth Date: ______________

Grade: ______________________________

Attending Session 1: ☐ Attending Session 2: ☐

Class: ______________________________

Sacrament Details Check & Date All Below

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STUDENT INFORMATION

Student Name: ______________________________

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Sacrament Details Check & Date All Below

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Special Needs(Medical, Learning Disablilities, Physical Disabilities etc):