

2025 - 2026 REGISTRATION CHECKLIST

Faith Formation Registration will be in the Parish Hall.

Bring your paperwork filled out.

- 1. Faith Formation Registration Forms
- 2. Form A (New forms must be filled out every June for the upcoming year.)
- 3. 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.
- 4.Please provide a copy of the Baptism Certificate even if your child was baptized at St. Stephen. These will now be kept on file for subsequent years.

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.

${\bf St. Stephen-Faith Formation Registration}$

1802 Bethel Road PO Box 1743, Weatherford, TX 76086

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	Sacrament Details Check & Date All Below
Birth Date:	Baptism:
Grade:	Eucharist:
Session:	Reconciliation
Class:	Confirmation:
Special Needs (Medical, Learning Disablilities, P STUDENT INFORMATION Student Name:	hysical Disabilities etc):
Gender: Male Female	Sacrament Details Check & Date All Below
	Baptism:
Grade:	Fucharist:
Session:	Reconciliation:
Class:	Confirmation:
Special Needs(Medical, Learning Disablilities, P	hysical Disabilities etc):

Term: 2025 - 2026

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STUDENT INFORMATION	
Student Name:	
Gender: Male Female	<u>Sacrament Details</u> Check & Date All Belov
Birth Date:	Baptism:
Grade:	Eucharist:
Session:	Reconciliation:
Class:	Confirmation:
Special Needs (Medical, Learning Disablilities, Phys	sical Disabilities etc):
STUDENT INFORMATION	
Student Name:	
Gender: Male Female	Sacrament Details Check & Date All Below
Birth Date:	Baptism:
Grade:	Eucharist:
Session:	Reconciliation:
Class:	Confirmation:
Cracial Manda (Madical Lagraina Disablilities Discourse	
Special Needs (Medical, Learning Disablilities, Phys	sical Disabilities etc):
STUDENT INFORMATION	sical Disabilities etc):
	sical Disabilities etc):
STUDENT INFORMATION	sical Disabilities etc): Sacrament Details Check & Date All Below
STUDENT INFORMATION Student Name: Gender: Male Female	Sacrament Details Check & Date All Below
STUDENT INFORMATION Student Name: Gender: Male Female Birth Date:	Sacrament Details Check & Date All Below Baptism:
STUDENT INFORMATION Student Name: Gender: Male Female	Sacrament Details Check & Date All Below Baptism: Eucharist:

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