



CCD Faith Formation Registration Form

Student's Full Name (First, Last)

Date and Place of Birth

Any known allergies, medical conditions, or special needs that we should be aware of:

Home Address:

City State/Zip Code No

Has this student received the Sacrament of Baptism? Yes No

If yes name of church & date:

Has this student received the Sacrament of Eucharist (Communion)? Yes No

If yes name of church & date:

Has this student received the Sacrament of Confirmation? Yes No

If yes name of church & date:

Is Family a registered member of St Stephen's Parish? Yes No

Parent's (Guardian) Full Name:

Phone:

Email:

Mother's (Guardian) Full Name:

Phone:

Email:

Emergency Contact Full Name:

Phone:

Email:

Faith Formation Sunday classes start at 9:00am & end at 10:00am

Registration Fee: 1 child \$60.00 / 2 children \$80.00 / 3 or more \$100.00

St. Stephen Parish Faith Formation has my permission to use my child's photograph or video (with name identification, but not address or phone number) to promote related activities in any and all print publications, online publications, presentations, websites, social media sites, etc... Yes No

Signature of Parent/Guardian

Date:

Name Processed by:	
Date Processed:	
Payment Received:	Yes No