

**St. Stephen Deacon & Martyr Religious Education Program  
2017-2018 - FAMILY REGISTRATION FORM**

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| FATHER(Last Name) _____ (First Name) _____   | MOTHER (Last Name) _____ (First Name) _____      |
| MAILING ADDRESS _____  | MAILING ADDRESS _____                            |
| CITY, STATE, ZIP _____   | CITY, STATE, ZIP _____                           |
| HOME PHONE _____ CELL PHONE _____  | HOME PHONE _____ CELL PHONE _____                |
| E-MAIL ADDRESS _____   | E-MAIL ADDRESS _____                             |
| <b>We communicate program information via email through SchoolMessenger. In case of emergencies (closings due to weather, etc.) we will use SchoolMessenger to call you. Please indicate if we have permission to text you. <input type="checkbox"/> Yes <input type="checkbox"/> No</b> |  |
| SCHOOLMESSENGER PHONE NUMBER _____   | SCHOOLMESSENGER EMAIL _____                      |
| NAME OF EMERGENCY CONTACT PERSON _____   | RELATIONSHIP TO STUDENT _____ PHONE NUMBER _____ |

**Baptism certificate must accompany new student registration.**

| STUDENT NAME-as it will appear on SACRAMENTAL RECORDS(Last name only if different than family last name)<br>LIST OLDEST CHILD FIRST | M/F | DATE OF BIRTH<br>MM/DD/YY | RE GRADE<br>2017-2018 | PARISH OF BAPTISM<br>DATE OF BAPTISM<br>MM/YY | ✓ SACRAMENTS RECEIVED  |       |                        |        |
|---|-----|---------------------------|-----------------------|---|------------------------|-------|------------------------|--------|
|   |     |                           |                       |   | RECONCILIATION<br>DATE | MM/YY | HOLY COMMUNION<br>DATE | MM//YY |
|   |     |                           |                       |   |                        |       |                        |        |
|   |     |                           |                       |   |                        |       |                        |        |
|   |     |                           |                       |   |                        |       |                        |        |
|   |     |                           |                       |   |                        |       |                        |        |

CHILD(REN) RESIDE WITH:  BOTH PARENTS  MOTHER  FATHER  OTHER \_\_\_\_\_

SAINT STEPHEN DEACON & MARTYR REGISTERED PARISHIONER:  YES  NO Currently registered parishioner at \_\_\_\_\_

DID YOUR CHILD(REN) ATTEND OUR PROGRAM LAST YEAR?  YES  NO  WE ARE A NEW FAMILY TO THE PROGRAM

IF NO, WHERE DID YOUR CHILD(REN) ATTEND? \_\_\_\_\_

**PLEASE SEE REVERSE SIDE**

- ALL TUITION & FEES FOR THE 2016-17 YEAR MUST BE PAID IN FULL PRIOR TO REGISTERING FOR THE 2017-18 YEAR. Any accounts past due will be referred to the finance committee and will delay your 2017-18 registration until resolved between the finance committee and the family.
- FULL TUITION DUE AT TIME OF REGISTRATION.
- Credit or Debit card payments can only be processed online using Give Central. Go to [www.ststephentinley.com](http://www.ststephentinley.com), click on online giving on left side, click on [www.givecentral.org](http://www.givecentral.org).
- Make checks payable to: St. Stephen Deacon & Martyr

**Office use only:** Date - \_\_\_\_\_ Amount Received - \$ \_\_\_\_\_ Cash or Check # - \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**FAITH AGREEMENT**

As a parent/guardian of a student in the R.E. program at St. Stephen Deacon & Martyr Parish, I affirm my faith values.

- I understand that I am the primary educator of my child in Religious Education.
- I understand that it is important for me to attend Sunday Mass each week with my child (ren).
- I promise to create a Christian home and instill solid moral teachings and respect for one another.
- I will be a good steward and actively give back to my parish through time, talent, and treasure.

**HEALTH INFORMATION**

Please list your child’s name and indicate if any of the following pertain: Current medications, medication allergies, food allergies or chronic health concerns as well as any other information that you believe we should be aware of, such as learning disabilities or difficulties. If none, please write their name and “none”.

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**PHOTO RELEASE**

I give permission to the staff of St. Stephen Religious Education to use photos taken of my child(ren) taken while participating in activities of the program. The name of my child(ren) will not appear on any photo and will only be shown in or around St. Stephen Church building, in the bulletin, or on the website.

Photos MAY be used: \_\_\_\_\_ Photos MAY NOT be used: \_\_\_\_\_

Parent Signature: \_\_\_\_\_