

FAMILY REGISTRATION FORM 2018-2019

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 _____

Are you a Roman Catholic? Yes _____
If no, please indicate the religion you practice _____

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If no, please indicate the religion you practice _____

NAME OF EMERGENCY CONTACT PERSON _____

RELATIONSHIP TO STUDENT _____ PHONE NUMBER _____

Baptism certificate must accompany new student registration.

STUDENT NAME-as it will appear on ACRAMENTAL RECORDS(Last name only if different than family last name) LIST OLDEST CHILD FIRST	M/F	DATE OF BIRTH MM/DD/YY	RE GRADE 2018-2019	PARISH OF BAPTISM DATE OF BAPTISM MM/YY	✓ SACRAMENTS RECEIVED				
					RECONCILIATION DATE	MM/YY	HOLY COMMUNION DATE	MM/YY	

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

Are you a registered St. Stephen parishioner? YES__ NO__

Did your children attend classes here last year? YES __ If no, where did your child attend? _____

Health Information: Please list your child's name and indicate medications, allergies, or health concerns you would like share with us for awareness of your child's individuality.

CLASS INFORMATION

Class Sessions	Monday 4:15-5:30 1 - 8	Monday 6-7:15 1 - 8	Tuesday 4:15-5:30 1 - 8	Tuesday 6-7:15 1 - 8	Wednesday 4:15-5:30 1 - 8	Wednesday 6-7:15 1 - 8	Special Needs 6-7:15	Family Catechesis Grades:
Indicate 1st & 2nd second choice								

Office use only Name: _____ Day: _____ Time: _____ Grade: _____ Session: _____ Entered PDS: _____
 Name: _____ Day: _____ Time: _____ Grade: _____ Session: _____ Entered PDS: _____
 Name: _____ Day: _____ Time: _____ Grade: _____ Session: _____ Entered PDS: _____
 Name: _____ Day: _____ Time: _____ Grade: _____ Session: _____ Entered PDS: _____

Stephen Deacon & Martyr Tuition Financial Agreement

All billing is sent out via email

Family Name _____ Email for billing _____

Please list children registered:

Oldest child's name: _____ R.E. Grade: _____ School: _____
 2nd child's name: _____ R.E. Grade: _____ School: _____
 3rd child's name: _____ R.E. Grade: _____ School: _____
 4th child's name: _____ R.E. Grade: _____ School: _____

Student Tuition Chart	April 1 to May 31	June 1 to July 31	After August 1st	OFFICE USE ONLY
1 CHILD	\$250	\$280	\$310	
2 CHILDREN	\$420	\$470	\$520	
3 OR MORE CHILDREN	\$500	\$560	\$620	
FAMILY CATECHESIS*	same as above	same as above	same as above	
SPECIAL NEEDS CLASS	\$110	\$140	\$170	
2 ND GRADE & R.C.I.C. SACRAMENT FEE	\$35	\$35	\$35	
8 TH GRADE SACRAMENT FEE	\$50	\$50	\$50	
TOTAL AMOUNT DUE				
AMOUNT PAID				
ONLINE CREDIT/DEBIT PYMT. AMT.				
PARENT VOLUNTEER DISCOUNT				
BALANCE DUE BEFORE 1 ST CLASS				

Parent volunteers receive a discount in tuition. . The volunteer discount does not include sacrament fees. If you would like to be a parent volunteer, please fill out the new volunteer form and return with your registration. You will be contacted to pick up your volunteer application packet this summer. Please indicate below your choice of volunteer positions to receive your discount. Your discount will be confirmed once you have been accepted as a volunteer.

I am a Parent Volunteer YES _____ NO _____

Circle one: Catechist Aide Babysitter Traffic Patrol Office Worker

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

Photos MAY be used: _____ Photos MAY NOT be used: _____

I agree to the financial responsibilities for payment of tuition. A \$25 fee will be added to any unpaid balance as of Nov. 1, 2018 and \$50 if not paid by Feb. 1, 2019.

Parent signature _____