

St. Stephen Church
RELIGIOUS EDUCATION
REGISTRATION FORM GRADES 7 and UP
2009-2010
817-613-8008

PLEASE PRINT ALL INFORMATION (ONE FORM PER CHILD)

Date: _____ My child attends _____ school and is in the _____ grade.

Child's Last Name: _____ First Name: _____

Parents Name / Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Teen's Phone: _____ Texting: ___Yes ___ No

My teen's photo may be published in: ___local newspaper ___on the internet ___never publish child's photo

Please list any and all medical conditions: _____

Please list any and all learning and/or mental disabilities your child has: _____

In case of emergency during the time your child is attending Religious Education class,
name of contact if Parent/Guardian cannot be reached:

Name: _____ Relationship _____ Phone#: _____

_____ Interested in participating in a Youth Pro-Life Org

Please check all that apply:

_____ Interested in attending Youth Group on Wed. nights

_____ Interested in participating in over-night youth retreats

_____ Interested in participating in Community Service Projects

_____ Interested in participating in a youth sporting event

_____ Interested in joining the Youth Music Ministry

_____ Interested in participating in youth Liturgy

Mass attending most often: ___ 6pm ___ 8am ___ 10:45am ___ 12:30pm

IN THE CASE OF SEPERATED OR DIVORCED PARENTS, PLEASE STATE THE PERSON WHO HAS LEGAL RIGHT TO DIRECT THE MORAL & RELIGIOUS TRAINING OF THIS CHILD. (ALL INFORMATION IS KEPT CONFIDENTAL.)

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone: _____

SIGNATURE OF PARENT: _____

SACRAMENTS CHILD HAS RECEIVED

Date Baptized: _____ Where: _____

Date Received 1st Eucharist: _____ Where: _____

Date Received Confirmation: _____ Where: _____