



St. Stephen Church

RELIGIOUS EDUCATION

REGISTRATION FORM

(817) 596-9585 Office (817) 613-0808 Fax

PLEASE PRINT ALL INFORMATION (ONE CHILD PER FORM)

Date: _____ New Registration: _____ Return Student: _____

REGESTERING FOR ENGLISH: _____ **ESPANOL:** _____

GRADE ATTENDED LAST YEAR IN RELIGIOUS EDUCATION: _____

Child's Last Name: _____ First Name: _____

Current School Attending: _____ Grade: _____

Parents Name / Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

SACRAMENTS CHILD HAS RECEIVED

Date Baptized: _____ Where: _____

Date Received 1st Eucharist: _____ Where: _____

Date Received Confirmation: _____ Where: _____

***** PARENTS/GUARDIANS *****

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

Relation to child: _____ Phone#: _____

Name of person(s) that can pick your child up from class:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

SIGNATURE OF PARENT: _____