St. Stephen Religious Education Registration

Student Name_____
Last Name First Middle

Address_____/_____/_____/_____
Street City/State Zip Phone#

Date of Birth_____Place_____ Sex (M) (F) Religion_____

Registration for Grade_____ Date of Registration_____

School Attending_____Address_____

Last Religion Class (Grade/Year)_____/_____. (Parish)_____

(Address)_____ Parochial School_____Rel.Ed._____

FAMILY BACKGROUND

Child lives with: Both Parents Mother Father Other_____

Father's Name_____Religion_____

Occupation_____ Work Phone# _____Emergency#_____

Mother's Name(First/Maiden)_____Religion_____

Occupation_____WorkPhone#_____Emergency_____

Check if any of the following apply:

Father: Deceased Separated Divorced Remarried

Mother: Deceased Separated Divorced Remarried

I am a Registered Parishioner of St. Stephen: YES____ NO ____ NEW ____

I can volunteer to: Teach Aide Substitute Vacation Bible School

List the Child's Health or Special Needs_____

Student Reception of Sacrament(s) Information:

	Date	Church	Location
Baptism			
Reconciliation			
Eucharist			

Confirmation