

# St. Stephen Church

## RELIGIOUS EDUCATION

REGISTRATION FORM Pre-K through 6<sup>th</sup> grades

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: \_\_\_\_\_

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

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#: \_\_\_\_\_

**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 First Holy Communion: \_\_\_\_\_ Where: \_\_\_\_\_

Mass attending most often: \_\_\_6pm \_\_\_8am \_\_\_10:45am \_\_\_12:30pm

**FOR STUDENTS IN GRADES PRE-K THROUGH 2<sup>ND</sup> GRADE:**

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

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_