

ST STEPHEN PARISH –PENNSAUKEN, NJ
2016-2017 K-8 RELIGIOUS EDUCATION REGISTRATION FORM

DATE: _____

THIS REGISTRATION IS FOR: (CHOOSE ONE "X")

- A Child who was not in Catechetical classes last year _____
A Child who was in Catechetical classes at St Stephen last year _____
A child who attended catechetical classes in a different parish last year _____

FAMILY INFORMATION:

Name of the **Head of Household** as registered in the parish: _____
Street Address: _____ City: _____ Zip: _____

STUDENT INFORMATION:

Last Name: _____ **Grade in Fall 2016** _____ **(K -8)**

First Name : _____ **Gender: Male - Female (circle)**

Family Phone: () _____ Cell Phone: () _____

E-Mail: _____

BIRTH INFORMATION: (AS LISTED ON CHILDS BIRTH CERTIFICATE)

Date of Birth: ____/____/____ Place of Birth: _____

Birth Father Name: _____

Birth Mother Name: _____ Mother's Maiden Name: _____

BAPTISM INFORMATION:

This student is :

_____ Baptized _____ Not Baptized (IF NOT, BIRTH CERTIFICATE NEEDED UPON REGISTRATION)

Church Name : _____

FIRST COMMUNION INFORMATION:

This student: _____ Has received First Communion _____ Has not received First Communion

Church Name: _____

City : _____ State: _____

CONFIRMATION INFORMATION:

This student: ____ Has been confirmed ____ Has not been confirmed

Church Name: _____

City: _____ State: _____

SPECIAL NEEDS OR FOOD ALLERGIES: ____ NO ____ YES

Explain..... Please list all medical, behavioral, or learning related needs or conditions.

NOTICE: IN CASE OF EMERGENCY WE WILL CALL 911

LIST THE NAMES, ADDRESSES, AND PHONE NUMBERS OF TWO PERSONS NOT LIVING IN YOUR HOUSEHOLD WHOM YOU AUTHORIZE TO TAKE CUSTODY OF YOUR CHILD IN CASE OF EMERGENCY AND WE CANNOT REACH YOU.

1) NAME: _____

ADDRESS: _____

PHONE: __ (_____) _____

2) NAME: _____

ADDRESS: _____

PHONE: __ (_____) _____

CHILD PICK-UP AUTHORIZATION

LIST NAMES OF ALL THE PERSONS WHO ARE AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL IF YOU ARE UNABLE. IF THIS SHOULD CHANGE, PLEASE SEND A NOTE WITH THE NAME OF THE PERSON TO PICK YOUR CHILD UP.

ADULTS AUTHORIZED:

1) _____ 2) _____

SIGNATURE: _____ **DATE:** _____

CATHOLIC SCHOOL SACRAMENTAL INFORMATION:

Name of Catholic school currently attending (include phone #)

School: _____ School Phone#: __ (_____) _____

FEES:

First Reconciliation/First Communion: \$50

Confirmation: \$60

\$135 per family (\$10 late fee after Labor Day)