

**ST STEPHEN PARISH –PENNSAUKEN, NJ**  
**2019-2020 Grades 1-8 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: \_\_\_\_\_  
Family Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**STUDENT INFORMATION:**

**Last Name:** \_\_\_\_\_ **Grade in Fall 2019** \_\_\_\_\_ **( 1-8 )**  
**First Name:** \_\_\_\_\_ **Gender: Male - Female ( circle)**

**BIRTH INFORMATION: (AS LISTED ON CHILDS BIRTH CERTIFICATE)**

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
Father Name: \_\_\_\_\_  
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)**