



**St. Stephen Parish**  
**Office of Faith Formation**  
**451 Eucalyptus Drive San Francisco, CA 94132**

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**FAITH FORMATION REGISTRATION Information for Year 2011-2012**

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**Class Schedule:**

Faith Formation classes meet from September through May, on the following day and time:  
Grades 1-8: Monday, 4:00- 5:15pm (**first meeting on September 12, 2011 at 4:00pm in church**)  
We require all registered students and their family come to the 9:30 Mass on Sun, Sept 11, 2011.

Registration fees help us to recover the cost of textbooks, classroom materials.

**\$65.00 for one child**

**\$110.00 for two children**

**\$150.00 for three or more**

**\$30.00 each child receiving a sacrament** (First Communion or Confirmation) in  
2011-2012

- Add **\$10.00** for each child if your family is not registered and attending church at St. Stephen Parish
- Subtract **\$10.00** per child for early for registration discount (**Form completed and return by July 31**)
- After August 31, a **late fee of \$20.00 per child** will be added to the tuition.
- Check payable to St Stephen Parish
- No child will be turned away because of financial need – Please contact us to inquire about scholarship.

**Important Information:** In conformity with Archdiocesan regulations, your child must participate in two years of faith formation before he/she can receive First Communion. Likewise, he/she must complete Grade 6 and Grade 7 Faith Formation Program to enter Grade 8 for Confirmation preparation.

**Director Religious Education:** Veronica Wong  
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# St. Stephen Parish

## Registration Form Faith Formation 2011-2012, Grades 1-8

Child's Name: \_\_\_\_\_  
First Last Date of birth

School and City: \_\_\_\_\_  
Grade in September

Was he/she enrolled in Faith Formation at St. Stephen in 2010-2011? Yes No

### Family (Parents/Guardians)

Father's Name: \_\_\_\_\_  
First Last

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone: \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
First Last

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone: \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Religion \_\_\_\_\_

Circle your student's grade: 1 2 3 4 5 6 7 8

### Sacraments:

Has the student been baptized? (Circle one) Yes No

Has the student received first reconciliation? (Circle one) Yes No

Has the student received first communion? (Circle one) Yes No

Please attach a copy of his/her baptism certificate if he/she prepare for reconciliation/communion or confirmation.

Our Religious Faith Formation Program is staffed by volunteers. Please let us know if you like to become a volunteer. Training is available.

- I will be a catechist for grade \_\_\_\_\_
- I will aide a catechist for grade \_\_\_\_\_
- I would like more information. Please call me at \_\_\_\_\_

OFFICE USE ONLY Date received: Payment #
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CHILD'S NAME

_____	_____	_____
Last	First	public school & grade
_____	_____	_____
Last	First	public school & grade
_____	_____	_____
Last	First	public school & grade
_____	_____	_____
Last	First	public school & grade

Home Address \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 FAX # \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Father's/Guardian's Work Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mother's/Guardian's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mother's/Guardian's Work Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In the event of an emergency, if we cannot reach you, please list one nearby relative or friend to contact:  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child/children a **walker** or **biker**? Yes \_\_\_ No \_\_\_

**ADDITION INFORMATION (WILL BE KEPT CONFIDENTIAL)**

SPECIFY ANY PHYSICAL AND/OR MEDICAL CONDITIONS (INCLUDE ALLERGIES) OF YOUR CHILDREN THAT SHOULD BE BROUGHT TO THE ATTENTION OF OUR STAFF.

\_\_\_\_\_  
 \_\_\_\_\_

MEDICAL INSURANCE CARRIER \_\_\_\_\_

POLICY or I.D. # \_\_\_\_\_

WHO WILL MOST LIKELY BRING YOUR CHILD/CHILDREN TO RELIGION CLASS? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

PICKING UP AFTER CLASS? \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_