



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

**FAMILY REGISTRATION 2015-2016**

Family name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion \_\_\_\_\_

Parish \_\_\_\_\_ Are you registered with St. Stephen Parish? Yes \_\_\_ No \_\_\_

What Mass do you usually attend? \_\_\_\_\_

Children who will attend Faith Formation at St. Stephen Church	Date of Birth	Sex M/F	Grade

Does your child require special needs? No \_\_\_ Yes \_\_\_ If yes, please specify \_\_\_\_\_

**Sacraments:**

Has the student been baptized? Yes, baptized at \_\_\_\_\_ No \_\_\_

Has the student received First Reconciliation? Yes, received at \_\_\_\_\_ No \_\_\_

Has the student received First Communion? Yes, received at \_\_\_\_\_ No \_\_\_

**Please attach a copy of his/her Baptismal Certificate if your child is preparing for First Reconciliation/Communion or Confirmation.**

**Fees:**

**\$70/child for all grades 1,3,4,5,7 (\$120 for 2 children; \$160 for 3 children)**

**\$90/child for 2<sup>nd</sup> and 8<sup>th</sup> grades (for extra teaching materials on the Sacraments)**

**We ask for \$20 (per family) for snacks for the whole year.**

**No child will be turned away because of financial need. Please contact us to inquire about scholarship.**

### EMERGENCY CARD – 2015~2016

#### CHILD’S NAME

Last	First	School	Grade

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father’s/Guardian’s Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother’s/Guardian’s Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Hone Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### ADDITIONAL INFORMATION (WILL BE KEPT CONFIDENTIAL)

Specify any physical and/or medical conditions (include allergies of your child/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? \_\_\_\_\_

Pick up after class? \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Please print