

St. Stephen Catholic Church - Office of Faith Formation

10428 Saint Stephen Circle, Riverview, FL 33569

Phone: 813-671-4434 Fax: 813-671-2994 www.ststephencatholic.org

2020-2021 FAITH FORMATION REGISTRATION FORM

IMPORTANT

Parish ID or Envelope # _____

IMPORTANT: Were all your children in our program last year 2019/2020 ? YES NO

If NO, please complete a Student Information Form along with this Registration for each child not enrolled last year.

Please Print

FAMILY NAME _____

Please check here if student's last name is different from the family name

ADDRESS _____ **CITY** _____ **ZIP** _____

PH Father's home # _____ **work #** _____ **cell #** _____

Mother's home # _____ **work #** _____ **cell #** _____

E-MAIL Father's _____ **Mother's** _____

Marital Status of BIRTH/LEGAL PARENTS _____

Children live with: Both Parents Mother Father

Other _____

STUDENT'S NAME (Include First and Last name)	20/21 GRADE	NAME OF DAY TIME SCHOOL	FAITH FORMATION CLASS DAY & TIME

NO reminder notice or confirmation will be mailed before classes start. We will contact you ONLY if we are unable to confirm your requested class time.

TRANSPORTATION - The following individual has my/our permission to transport our child(ren) to and/or from Faith Formation classes:

Name _____ PH: _____

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM. Thank you!

Signature of Father/Legal Guardian: _____

Signature of Mother/Legal Guardian: _____

BOTH Parents/Guardian Signatures are REQUIRED ONLY if spouses are separated or divorced or where custody of a minor child is shared. BOTH parties agree to this registration and reception of sacrament(s) by signing above.

IMPORTANT PAYMENT OPPORTUNITIES & CHANGES: IMPORTANT PAYMENT OPPORTUNITIES & CHANGES: Payments for our programs are now available on-line through our WeShare Credit Card Program. To make a payment, please go to the Parish Website. On the home page there is a tab titled "Online Giving". Click on the tab and select the program account for each one time payment. Registration and Sacrament Fees have separate accounts. If you choose to pay by check, we ask that you please make out separate checks for each fee (ie. Registration Fee, Sacrament Fee, and Confirmation Retreat Fee). Thank you!

FEES: 65.00 **One Child**
 90.00 **Two Children**
 100.00 **Three Children or more**
plus: 40.00 **1st Reconciliation & 1st Eucharist Sacrament Fee**
 100.00 **Confirmation Retreat fee (Confirmation Date TBD. This Payment is due once our Confirmation Date is set.)**

CATECHISTS: Catechist discount is (one child) \$65.00.
FINANCIAL ASSISTANCE: Please let us know if you need Financial Assistance.

- INSTRUCTIONS:**
1. Fill out Registration Form and Attach Fees. **COMPLETE BOTH SIDES** of this form.
 2. A copy of your child's **BAPTISMAL CERTIFICATE MUST** be on file in the Faith Formation Office or turned in along with this form.
 3. Return to the Faith Formation (FF) office (located in the school building) or the Church Office.
 4. **PLEASE BE CERTAIN TO PRINT YOUR PARISH ID or ENVELOPE NUMBER ON THIS FORM .**

FOR OFFICE USE ONLY TL FEE: \$ _____ CASH \$ _____ CHK #/\$ _____ CC \$ _____

Please read and initial each section below:

_____ I/We understand that religious, spiritual formation of the family takes place when we gather as a Catholic community to worship. As part of my responsibility for the religious education of my children, I commit and promise that my family will regularly attend Sunday Mass.

_____ I/We understand that it is my responsibility to familiarize myself with the policies, procedures and session dates for the parish Faith Formation program in which I am registering my child/ren. I commit to making sure that I read the Student/Parent Handbook published by the Faith Formation Office at the beginning of the program year. This Handbook is available on our website. I also understand that the policies and dates are subject to change upon written notification by the Faith Formation Director.

PARENT/GUARIAN SIGNATURE: _____

DATE: _____



St. Stephen Catholic Church
Office of Faith Formation and Youth Ministry, Riverview, FL

Publicity Releases/Photos: From time to time, publicity releases for parish bulletin, website, newspapers, television, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Stephen Parish or a media representative. **I DO _____ DO NOT _____** give permission for my student(s) name and likeness to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

This consent is renewed at the beginning of each Faith Formation program year. This consent may be revoked in writing.

Medical Release & Parent Acknowledgement - ST. STEPHEN CHURCH 2020-2021

The following information must be completed for your child(ren) at the time of registration:

CHILD NAME(S): _____

MEDICAL INFORMATION (ALLERGIES, ETC. OF WHICH WE SHOULD BE AWARE) & SPECIAL NEEDS *Please reference name of child by medical information or special needs.*

HOW CAN WE REACH YOU DURING OUR FAITH FORMATION CLASSES?

PHONE # _____,

additional EMERGENCY CONTACT/PHONE #: _____

In the event of an emergency where the parent cannot be reached the child will be taken to the nearest medical facility. I(we) authorize any representative of St. Stephen Catholic Church to seek medical treatment for my child.

PARENT/GUARDIAN SIGNATURE _____

2020/2021 Permission to receive Text Messages

We now have the technology within our database to send you text messages. This is just another means of improving our communications. We welcome your participation! (Types of messages sent would include emergency class cancellations, retreat reminders, and any urgent requests.) If you would like to receive text messages from St. Stephen it will be necessary for us to obtain your signed authorization of permission, the designated cell phone number, and cell phone provider.

Yes, I give my permission to receive text messages to my cell number _____ - _____
Area Code Phone Number

SIGNATURE _____ **PRINT NAME** _____
(Signature Required)

Fill in the name of your cell phone provider below (ie.,T-MOBILE, VERIZON, SPRINT, ETC):

Thank you ~ The Faith Formation and Youth Ministry Staff