

St. Stephen Parish
Children's Faith Formation Registration 2017-2018
Annette Roux (925) 849-4870
gizzymo3@sbcglobal.net

Name of Family _____

Mailing Address _____

Phone-Home: _____ Cell: _____ E-Mail: _____

Mother's Name _____ Religion _____

Father's Name _____ Religion _____

Registered in Parish: Yes _____ No _____

First and Last Name of Child: _____ Age: _____
D.O.B. _____

Male _____ Female _____ Grade: _____ School: _____

*Baptism: Yes _____ No _____ If Yes, Where? _____

Penance: Yes _____ No _____ If yes, Where? _____

First and Last Name of Child: _____ Age: _____
D.O.B. _____

Male _____ Female _____ Grade: _____ School: _____

*Baptism: Yes _____ No _____ If Yes, Where? _____

Penance: Yes _____ No _____ If yes, Where? _____

Tuition: 1 Child - \$100.00 per year 2 Children - \$150.00 per year

***You must provide a copy of your child(s) Baptismal certificate before beginning classes**

Classes are held every Sunday at 8:45am – 9:30am (before the 9:30am Mass)

Your child does NOT have to be registered to attend Children's Liturgy of the Word during the 9:30am Mass

Additional forms are available on our website: saintstephenparish.org and in the classroom

Amount Paid: _____ Date: _____ Check Number: _____

**Diocese of Oakland – St. Stephen Faith Formation
Parental Permission and Health Authorization Form
Children’s Faith Formation - 2017-2018**

Name of Child: _____ Phone: _____

Address: _____
Number and Street City State

In Case of Emergency -Notify: _____ Relationship _____

Address _____ Phone: _____

Name of Physician: _____ Phone: _____

Insurance: _____ Plan Number: _____

Any Health Issues? Please List: *Include food allergies

Please list all Medications taken by child:

If you do not want medical care given to your child, state reason:

I/We the parent, guardians of the above named child hereby give my/our permission for his/her participation in any and all Faith Formation activities. I/We agree to direct my/our child to cooperate and conform with directions and instructions of Faith Formation personnel responsible for Faith Formation activities.

I/We agree that in the event my/our child is injured as a result of his/her participation in Faith Formation activities, or any of its agents or employees, recourse for the payment of any resulting hospital, medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/We hereby give permission for Annette Roux, Faith Formation Director or Adult Leader:(Please specify by name) _____ to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Parent or Guardian Signature: _____ Date: _____
Relationship to Child