



# St. Stephen Catholic Church

1885 Blake Ave.  
Glenwood Springs CO 81601  
(970) 945-6673  
Fax (970) 945-6677

Religious Education  
Registration Form  
School Year 2019-2020

## Family Information

Mother's full name (with maiden name): \_\_\_\_\_

Father's full name: \_\_\_\_\_

Family address: \_\_\_\_\_

(Optional) Legal Guardian: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is family registered with St. Stephen? **YES** **NO** If "NO" would you like a registration form? **YES** **NO**

If "NO" to which parish do you belong? \_\_\_\_\_

**Are you available to volunteer with the Religious Education Program? Please circle**

Catechist

Aide

Substitute

Retreat

Hall Monitor

Other

## Student's Information

Student's full name: \_\_\_\_\_ Gender \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student been baptized? \_\_\_\_\_ Date of baptism \_\_\_\_\_ Church of baptism: \_\_\_\_\_

City and state: \_\_\_\_\_

Has student received first communion? **YES** **NO**

**For office use only:** Catechist: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_ Saint Name \_\_\_\_\_

Baptismal/birth certificate turned in \_\_\_\_ Attended retreat \_\_\_\_ Community service hours \_\_\_\_

Medical/behavioral concerns: \_\_\_\_\_

Class student would like to attend: Sunday classes \_\_\_\_\_ Wednesday classes \_\_\_\_\_

**Please include a copy of student's baptismal certificate. If student has not been baptized please include birth certificate.**

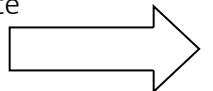
## Permissions

Permission for my child's (children's) picture (s) to be used on the parish website or other social media and publications. **YES** **NO**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Student #2**

Student's full name: \_\_\_\_\_ Gender \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student been baptized? \_\_\_\_\_ Date of baptism \_\_\_\_\_ Church of baptism: \_\_\_\_\_

City and state: \_\_\_\_\_

Has student received first communion? **YES** **NO**

Medical/behavioral concerns: \_\_\_\_\_

Class student would like to attend: Sunday classes \_\_\_\_\_ Wednesday classes \_\_\_\_\_

**Please include a copy of student's baptismal certificate. If student has not been baptized please include birth certificate.**

**For office use only:** Catechist: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_ Saint Name \_\_\_\_\_

Baptismal/birth certificate turned in \_\_\_\_\_ Attended retreat \_\_\_\_\_ Community service hours \_\_\_\_\_

**Student #3**

Student's full name: \_\_\_\_\_ Gender \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student been baptized? \_\_\_\_\_ Date of baptism \_\_\_\_\_ Church of baptism: \_\_\_\_\_

City and state: \_\_\_\_\_

Has student received first communion? **YES** **NO**

Medical/behavioral concerns: \_\_\_\_\_

Class student would like to attend: Sunday classes \_\_\_\_\_ Wednesday classes \_\_\_\_\_

**Please include a copy of student's baptismal certificate. If student has not been baptized please include birth certificate.**

**For office use only:** Catechist: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_ Saint Name \_\_\_\_\_

Baptismal/birth certificate turned in \_\_\_\_\_ Attended retreat \_\_\_\_\_ Community service hours \_\_\_\_\_

**Fees**

Parishioners: One child (\$40) Two children (\$80) Three or more children (\$120)

Non-affiliated: One child (\$50) Two children (\$100) Three or more children (\$150)

Total Fees Due: \_\_\_\_\_

**\*Please note** - Out of fairness to all families, we cannot place your child(ren) in a classroom until all fees are paid in full and all required documentation has been submitted.

*Confidential financial assistance for the Religious Education fee is available, please contact the parish office for more information.*

**For office use only:**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Received by: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student #4**

Student's full name: \_\_\_\_\_ Gender \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student been baptized? \_\_\_\_\_ Date of baptism \_\_\_\_\_ Church of baptism: \_\_\_\_\_

City and state: \_\_\_\_\_

Has student received first communion? **YES** **NO**

Medical/behavioral concerns: \_\_\_\_\_

Class student would like to attend: Sunday classes \_\_\_\_\_ Wednesday classes \_\_\_\_\_

**Please include a copy of student's baptismal certificate. If student has not been baptized please include birth certificate.**

**For office use only:** Catechist: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_ Saint Name \_\_\_\_\_

Baptismal/birth certificate turned in \_\_\_\_ Attended retreat \_\_\_\_ Community service hours \_\_\_\_

**Student #5**

Student's full name: \_\_\_\_\_ Gender \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student been baptized? \_\_\_\_\_ Date of baptism \_\_\_\_\_ Church of baptism: \_\_\_\_\_

City and state: \_\_\_\_\_

Has student received first communion? **YES** **NO**

Medical/behavioral concerns: \_\_\_\_\_

Class student would like to attend: Sunday classes \_\_\_\_\_ Wednesday classes \_\_\_\_\_

**Please include a copy of student's baptismal certificate. If student has not been baptized please include birth certificate.**

**For office use only:** Catechist: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_ Saint Name \_\_\_\_\_

Baptismal/birth certificate turned in \_\_\_\_ Attended retreat \_\_\_\_ Community service hours \_\_\_\_

Other:

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