

**St. Stephen of Hungary Parish ~ The Franciscans**

414 East 82<sup>nd</sup> Street ▪ New York, N.Y. 10028 ▪ 212-861-8500, ext. 150

**Registration Form for Family Faith Formation**

*We are so happy to welcome you to our new family faith formation program. We hope this will be an terrific experience of growing in our relationship with God for all of us. Please give us some contact information:*

**Name of Child**

Child's Date of Birth \_\_\_\_\_ Child's age \_\_\_\_\_

**Name of Parents/Guardians:**

Mother: \_\_\_\_\_

Address \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (cell) \_\_\_\_\_ (hm) \_\_\_\_\_

Father: \_\_\_\_\_

Address: (if different from above) \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (cell) \_\_\_\_\_ (hm) \_\_\_\_\_

Email (s) \_\_\_\_\_

Emergency contact person:

Name \_\_\_\_\_ phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

***Please give us some information on any previous religious education:***

Is this child baptized? Yes \_\_\_ No \_\_\_ If Yes, where: \_\_\_\_\_

\_\_\_\_\_ Please give us a copy of baptismal certificate.

Has this child received other sacraments? If Yes, please explain:

\_\_\_\_\_ Has this child attended religious education classes before? Yes \_\_\_ No \_\_\_

If Yes, where and how long: \_\_\_\_\_

Where does your child attend school now? \_\_\_\_\_ Grade \_\_\_\_\_

Are there any learning issues we should be aware of? If yes, please explain:

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

***Please give us an idea of what your hopes are for your child in this process:***

In participating in this process of Family Faith formation at St Stephen's I hope that my child and I: \_\_\_\_\_

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

***Would you be willing to help us as a program volunteer as your time permits?***

***Please, please say YES!!*** \_\_\_\_\_

***Parish fee \$75 for one child, \$125 for two, \$150 for three or more.***