

St. Stephen's Parish
78 West Street
Stephenville, NF A2N 1E4



Telephone: (709) 643-2523
(709) 643-3592
Fax: (709) 643-9745

Registration Form for Religious Education

Name of Child: _____
Name of Parent(s) or Guardian: _____
D.O.B: _____
Age: _____
Grade: _____
Address: _____
Telephone Number (Home): _____
Telephone Number (Work): _____
Email: _____

Please check the program which you are registering your child for:

- Kindergarten - Allelu!
- Year 1 - Alive in Christ 1
- Year 2 - Alive in Christ 2
- Year 3 - Alive in Christ 3
- Year 4 - Alive in Christ 4
- Year 5 - Alive in Christ 5
- Year 6 - Alive in Christ 6

If your child has not completed the Year 1 and Year 2 programs, and you still wish for your child to receive the sacraments of Holy Eucharist and Reconciliation, please specify below:
Age: _____ Sacrament: _____

Registration fee for all programs is \$40. If you have two or more children in the programs, there is a reduced rate of \$60 for two children and \$75 for three children.

Please indicate if your child has any known allergies. If yes, please list them below. Yes No
Allergy or Allergies: _____

Parent or Guardian Signature: _____

Date: _____

Applications can be emailed to St. Stephen's Parish at st.stephens.parish@nf.sympatico.ca. If you have any questions or concerns, please call 709-643-2523.

For Office Use Only: Fee Paid Yes No

Receipt Number: _____