

St. Stephen the Martyr Religious Education, 23331 Sam Fred Rd. Middleburg, VA 20117

Phone: 540-687-6433 / Email: bmchugh@saint-stephen.org

2019-20 FAMILY / STUDENT Registration

Please note, we have a MANDATORY 2-year Sacramental Preparation Program. In order to receive their sacraments in 2nd & 8th grades, the child must have been enrolled in a Catholic Church RE program the PRIOR year. Please contact us directly if this is not the case in your child's situation.

Tuition (Due at Time of Registration)

One child: \$100 **Sacramental Year Fees:** 2nd Grade: \$50, 8th Grade: \$75
Two children: \$125 **LATE REG. FEE AFTER 08/12/19:** \$50
Three & more children \$150

SACRAMENTAL PREPARATION CLASS: If a child has **not** received the sacraments of **Baptism, First Reconciliation or First Holy Communion**, they will need to participate in a two-year Sacramental Preparation course and will not be in their grade-specific class. Traditional rates apply.

Family Last Name: _____

Mailing Address: _____ City: _____ Zip Code _____

Home Phone: _____

MANDATORY E-mail Address (**will be used to send notifications**): _____

Custodial Parent if different from below: _____

First Middle Last Cell Phone Religion Maiden Name Living/Deceased

Father: _____

Mother: _____

Child #1: _____
First Middle Last DOB Gender

Allergies/Special Needs _____
(medical, learning or physical disabilities)

Sacraments **NEEDED:** *Baptism ___ Reconciliation & Eucharist ___ Confirmation ___

RE Grade 2019/2020: ___ Gd 1 ___ Gd2 ___ Gd3 ___ Gd 4 ___ Gd5 ___ Gd 6 ___ Gd 7 ___ Gd 8

***If your child is new to our program, please provide a copy of the Baptismal Certificate.**

My child is 3rd grade or older and has not done: ___ Baptism ___ Reconciliation ___ Communion

Child #2: _____
First Middle Last DOB Gender

Allergies/Special Needs _____
(medical, learning or physical disabilities)

Sacraments **NEEDED:** *Baptism ___ Reconciliation & Eucharist ___ Confirmation ___

RE Grade 2019/2020: ___ Gd 1 ___ Gd2 ___ Gd3 ___ Gd 4 ___ Gd5 ___ Gd 6 ___ Gd 7 ___ Gd 8

***If your child is new to our program, please provide a copy of the Baptismal Certificate.**

My child is 3rd grade or older and has not done: ___ Baptism ___ Reconciliation ___ Communion

Child #3: _____
First **Middle** **Last** **DOB** **Gender**

Allergies/Special Needs _____
(medical, learning or physical disabilities)

Sacraments **NEEDED**: *Baptism___ Reconciliation & Eucharist___ Confirmation___

RE Grade 2019/2020: ___ Gd 1 ___ Gd2 ___ Gd3 ___ Gd 4 ___ Gd5 ___ Gd 6 ___ Gd 7 ___ Gd 8

***If your child is new to our program, please provide a copy of the Baptismal Certificate.**
My child is 3rd grade or older and has not done: ___ Baptism ___ Reconciliation ___ Communion

Child #4: _____
First **Middle** **Last** **DOB** **Gender**

Allergies/Special Needs _____
(medical, learning or physical disabilities)

Sacraments **NEEDED**: *Baptism___ Reconciliation & Eucharist___ Confirmation___

RE Grade 2019/2020: ___ Gd 1 ___ Gd2 ___ Gd3 ___ Gd 4 ___ Gd5 ___ Gd 6 ___ Gd 7 ___ Gd 8

***If your child is new to our program, please provide a copy of the Baptismal Certificate.**
My child is 3rd grade or older and has not done: ___ Baptism ___ Reconciliation ___ Communion

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consents to the release of photographs, videos, etc. of the above listed children to be used by the Diocese of Arlington and St. Stephen's for future promotional programs of the Diocese and Parish.

PARENT/GUARDIAN SIGNATURE: _____

***Youth Group Information* (You will be contacted directly by our Youth Minister)**

1st Child's Name: _____ ___ Gd 9 ___ Gd 10 ___ Gd 11 ___ Gd12
2nd Child's Name: _____ ___ Gd 9 ___ Gd 10 ___ Gd 11 ___ Gd12

ADDITIONAL NOTES:

Office use only:
Date Received: _____ Tuition Pd: \$_____ FD___ Cash___ Check#_____
Tuition ___ 2nd Gd. fee ___ 8th Gd. fee _____