

Saint Stephen Catholic Church

1441 W. Oakwood Road Oak Creek, WI 53154

Phone: 414-762-0552 www.saintstephenmil.org

**Family and High School Catholic Formation Registration 2025-2026**

**Family Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parishioner:** 1 Child: $100.00; 2 Children $160.00; 3 Children or more: $215.00

**Retreat Fee High School**: ( 9th and 10th grade): $60.00

**Retreat Fee Middle School:** (7th-8th grade) : $60.00

**Sacramental Fees\***: First Holy Communion & Reconciliation: $40.00; Confirmation: $75.00 (includes Retreat)

\*Please include a copy of your child’s baptismal certificate if he/she will be receiving a sacrament

Number of Children in the Program Fee – \_\_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_

Number of Children in Confirmation Fee – \_\_\_\_\_\_\_\_\_\_x75 = $ \_\_\_\_\_\_\_\_\_\_\_

Number of Children Sacramental Fees (2nd Grade) \_\_\_\_\_\_\_\_\_\_x40 = $ \_\_\_\_\_\_\_\_\_\_\_

Number of Children High School Retreat ( 9th &10th grade) \_\_\_\_\_\_\_\_\_\_x60 = $ \_\_\_\_\_\_\_\_\_\_\_

Number of Children Middle School Retreat (7th-8th grade) \_\_\_\_\_\_\_\_\_\_x60= $ \_\_\_\_\_\_\_\_\_\_\_

 TOTAL DUE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment must accompany this registration form by AUGUST 15, 2025. \***

**AFTER AUGUST 15, 2025, THERE WILL BE AN ADDITIONAL $25 PER CHILD FOR BOOK SHIPPING & HANDLING.**

\_\_\_ Payment Option 1: Full Payment (August 15, 2025)

\_\_\_ Payment Option 2: Half of Fees (August 15/Jan15)

\_\_\_ Payment Option 3: Quarter of Fees (August 15/Nov15/Jan15/Mar15)

**Please mail/drop payments to**: St. Stephen’s Catholic Church

 Attn: DRE/Dawn Thiele

 1441 W. Oakwood Road

 Oak Creek, WI 53154

**Or Pay online**: <https://abundant.co/ststephencatholicchu/account/register>. **Be Sure to pick the fund for religious education. \*** If there is a family hardship or difficulty in paying the tuition, please contact Fr. Stephen at the parish office (414-762-0552) for confidential arrangements. \*

**Family Information (Please Print)**

Family Last Name Father Mother

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

Street Address: City St Zip

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

Mother’s Cell Father’s Cell Primary Family E-Mail

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

Marital Status: \_\_\_Married \_\_\_ Single \_\_\_ Divorced

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Information**

#1:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baptism: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Reconciliation: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Communion: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade 2025-2026 School Year: \_\_\_\_\_\_\_

#2:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baptism: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Reconciliation: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Communion: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade 2025-2026 School Year: \_\_\_\_\_\_\_

#3:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baptism: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Reconciliation: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Communion: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade 2025-2026 School Year: \_\_\_\_\_\_\_

**Please let us know if there are any special needs of the above child/children enrolled in faith formation program (academic, physical, emotional, medical, allergies) which would be helpful for us to know. If at any time further attention is needed or special accommodations need to be made please contact the Director of Religious Education.**

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| Archdiocese of Milwaukee and St. Stephen Catholic Church, Oak Creek, WI **RELEASE FOR INFORMATION**\_\_\_ I give/ \_\_\_ I do not give, Archdiocese of Milwaukee and St. Stephen Parish permission to use my child(ren’s) photograph. I understand that these materials are being used for the promotion of the St. Stephen Religious Education department and parish. I release staff, volunteers, etc. of any liability connected with the use of my children’s picture. NAMES AND TAGGING WILL NOT ACCOMPANY THE PHOTOS WE USE. SIGNATURE OF PARENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |