



Saint Stephen Catholic Community  
 1441 W. Oakwood Road Oak Creek, WI 53154  
 Phone: 414-762-0552 [www.saintstephenmil.org](http://www.saintstephenmil.org)

**Family and High School Catholic Formation Registration 2021-2022**

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

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

**Retreat Fee High School:** (9<sup>th</sup> and 10<sup>th</sup> grade): \$40.00

**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 (2 <sup>nd</sup> Grade)	_____	x40 =	\$ _____
Number of Children High School Retreat –	_____	x40 =	\$ _____
		<b>TOTAL DUE</b>	_____

**Payment must accompany this registration form by July 14, 2021. \***

\*After July 14 a \$25 late fee will be applied to your balance.

\_\_\_ Payment Option 1: Full Payment (July 14)

\_\_\_ Payment Option 2: Half of Fees (July 14/Jan14)

\_\_\_ Payment Option 3: Quarter of Fees (July 14/Nov14/Jan14/Mar14)

**Please mail/drop payments to:** St. Stephen's Parish  
 Attn: DRE  
 1441 W. Oakwood Road  
 Oak Creek, WI 53154

\*If there is a family hardship or difficulty in paying the tuition, please contact Fr. Robert 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: \_\_\_\_\_

1<sup>st</sup> Reconciliation: Date: \_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_

1<sup>st</sup> Communion: Date: \_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_

Grade 2021-2022 School Year: \_\_\_\_\_

#2:

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

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

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

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

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

1<sup>st</sup> Reconciliation: Date: \_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_

1<sup>st</sup> Communion: Date: \_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_

Grade 2021-2022 School Year: \_\_\_\_\_

#3:

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

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

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

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

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

1<sup>st</sup> Reconciliation: Date: \_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_

1<sup>st</sup> Communion: Date: \_\_\_\_\_ Parish Name, City and State: \_\_\_\_\_

Grade 2021-2022 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.**

\_\_\_\_\_

\_\_\_\_\_

Archdiocese of Milwaukee and St. Stephen Parish, 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 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: \_\_\_\_\_