St. Stephen's Parish

78 West St., Stephenville, NL A2N 1E4
Telephone: 709-643-2523; Fax: 709-643-9745;
Email: st.stephens.parish@nf.sympatico.ca

Registration Form for Religious Education

Name of Child:			
Date of Birth:	Age:	Grade:	
Name of Parent(s) or Guardian(s):			
Address:			
Telephone Number (Home) :	(V	Vork):	
Email:			
Please check the program in which you are re	gistering y	our child:	
☐ Kindergarten – Allelu!	Year 4	- Alive in Christ 4	
Year 1 - Alive in Christ 1	☐ Year 5	- Alive in Christ 5	
Year 2 - Alive in Christ 2	☐ Year 6	- Alive in Christ 6	
Year 3 - Alive in Christ 3			
Registration fee for all programs is \$40 for or	ne child, \$	60 for two children, and \$7	5 for three
children. Payments can be made at the Parish office, first day of class, or etransferred to			
stephensparish@gmail.com (please indicate	what the	transfer is for in the comm	ent section).
Please indicate if your child has a	ny known	allergies. If yes, please list	
them below.] No		
Allergy or Allergies:			
Parent or Guardian Signature:			
Date:			
Applications can be emailed to St. Stephen's F	arish at <u>s</u>	stephens.parish@nf.symp	atico.ca or
dropped off at the Parish office. If you have q	uestions o	or concerns, please call 709-	643-2523.
For Office Use Only: Fee Paid Yes	□ No		