

**St. Stephen Catholic Church**  
**2016-2017 IMPACT/EDGE/LIFETEEN & SACRAMENTS**  
**REGISTRATION (5<sup>TH</sup> - 12<sup>TH</sup> GRADE)**

Impact (5<sup>th</sup>-6<sup>th</sup> grades) meets bi-weekly on Mondays 6-8pm

Edge (7<sup>th</sup> grade) meets bi-weekly on Wednesdays 6-8pm

Edge (8<sup>th</sup> grade) meets weekly on Wednesdays 6-8pm

Lifeteen (9<sup>th</sup>-12<sup>th</sup> grades) meets weekly on Sundays 6-8pm

Have you registered with the parish? \_\_\_ Yes \_\_\_ No

Please Print

Family Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emerg \_\_\_\_\_

Parent Email Address: Father \_\_\_\_\_ Mother \_\_\_\_\_

**Fee is \$70 per student. No charge for children of Catechists.**

1) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ **Fall 2016** Grade: \_\_\_\_\_ Tshirt size: \_\_\_\_\_

**Registering for: IMPACT (MON)\_\_\_\_\_ EDGE(WED)\_\_\_\_\_ LIFETEEN(SUN)\_\_\_\_\_**

My child has received the following sacraments – Yes (Y) or No (N):

Baptism: \_\_\_ Reconciliation: \_\_\_ First Eucharist: \_\_\_ Confirmation: \_\_\_ Date of Birth: \_\_\_\_\_

*If the sacrament was received in a non-Catholic Church, please circle.*

2) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ **Fall 2016** Grade: \_\_\_\_\_ Tshirt size: \_\_\_\_\_

**Registering for: IMPACT (MON)\_\_\_\_\_ EDGE(WED)\_\_\_\_\_ LIFETEEN(SUN)\_\_\_\_\_**

My child has received the following sacraments – Yes (Y) or No (N):

Baptism: \_\_\_ Reconciliation: \_\_\_ First Eucharist: \_\_\_ Confirmation: \_\_\_ Date of Birth: \_\_\_\_\_

*If the sacrament was received in a non-Catholic Church, please circle.*

3) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ **Fall 2016** Grade: \_\_\_\_\_ Tshirt size: \_\_\_\_\_

**Registering for: IMPACT (MON)\_\_\_\_\_ EDGE(WED)\_\_\_\_\_ LIFETEEN(SUN)\_\_\_\_\_**

My child has received the following sacraments – Yes (Y) or No (N):

Baptism: \_\_\_ Reconciliation: \_\_\_ First Eucharist: \_\_\_ Confirmation: \_\_\_ Date of Birth: \_\_\_\_\_

*If the sacrament was received in a non-Catholic Church, please circle.*

**Parent Permission Form:**

Please circle **DO** or **DO NOT**, to the following statements:

- St. Stephen children and youth ministry programs **DO** or **DO NOT** have my permission to present the Touching Safety program to my child(ren).
- St. Stephen children and youth program **DO** or **DO NOT** have my permission to post the picture of my child(ren) on the St. Stephen Web Site.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Which Mass do you attend, please circle- Sat 5pm Sun 7:45am Sun 10am Sun 11:45am Sun 5pm***

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**Additional Information:** Does your child(ren) have a medical condition, food or other allergy, reading, sight, hearing, coordination or any other kind of issue of which we should be aware? We wish to enhance your child's experience as much as we can when they are with us. If yes, please detail in space provided below.

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The Religious Education programs depend on parent and parish volunteers. Please prayerfully consider how God is calling you to use your gifts of time, talent, and treasure.

I will volunteer for:     **Impact** (Bi-weekly Mondays)\_\_\_\_\_     **Edge** (Bi-weekly Wednesdays)\_\_\_\_\_

**Confirmation 1<sup>st</sup> yr** (Bi-weekly Wednesdays)\_\_\_\_\_     **Confirmation 2<sup>nd</sup> yr** (Once a month on Sunday nights) \_\_\_\_\_

**LifeTeen** (Weekly on Sunday nights)\_\_\_\_\_

I will volunteer as:     Small Group leader: \_\_\_\_\_     Snack preparation: \_\_\_\_\_     Overnight chaperone: \_\_\_\_\_

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**Transportation and Medical Care Permission Form / Waiver of Liability**

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Name/s of Person/s Participating in Activity

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Health Insurance Company

Policy #

**Please complete for 5<sup>th</sup> grade students & older:**

I permit my son/daughter/ward \_\_\_\_\_  
to ride the bus, van or car operated by persons who may or may not be affiliated with IMPACT, EDGE, LIFETEEN youth programs of St. Stephen Catholic Church for any activities between July 1, 2016 and June 30, 2017. I understand the risk of injury to person(s) and property(s) inherent with vehicular travel. I will permit minor first aid / emergency care for my son/daughter/ward if deemed necessary by the adult in charge. I will not hold the Diocese of Little Rock, St. Stephen Catholic Church, and/or its representatives and agents liable for any injury which may occur because of negligence during any youth activity.

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Parent/Guardian

Date

**Office use**

Form of payment: \_\_\_cash /check #\_\_\_\_\_

Amount paid: \_\_\_\_\_

Date: \_\_\_\_\_