St. Stephen the Martyr Catholic Church
Registration for Religious Education: 2026 - 2027

Class Sessions

Rel. Ed. Classes (REC) Grades K, 1, 3, 4, 5 ….....……Sundays (9:40am - 10:50am)
1st Communion (2nd+) / HS Confirmation (9th+) …… Sundays (9:40am - 10:50am)
OCIA for Youth (5th+) (Needs Baptism/Communion**) ..... Sundays (9:40am - 10:50am)**
EDGE (Grades 6, 7, 8) ….…… Wednesday Evenings (6:00pm –7:30pm)
LifeTeen (Grades 9, 10, 11, 12) …… Sunday Evenings (6:00pm -7:30pm)

Today's date: _____

Family Name: _____ Primary Phone #: _____

Address: _____
street city zip

Are you registered at St. Stephen's? ☐ Yes (Envelope #_____) ☐ No

Families who are not currently registered are required to fill out the SSTM parish registration form.

********** PARENT/GUARDIAN INFORMATION **********

Father's First and Last Name:_____ Religion: _____

☐ Father ☐ Stepfather ☐ Legal Guardian Cell Phone # :_____

Email: _____

Mothers First and Last Name:_____ Religion: _____

☐ Mother ☐ Stepmother ☐ Legal Guardian Cell Phone # :_____

Email: _____

FEES: ☐ 1 Student $75 ☐ 2 Students $125 ☐ 3+ Students $150

For Office Use: Amount: $ _____ Date_____ Check#_____

Rel Ed Information: Kathy Roger @ 770-381-7488, ext. 222 PSR@ststephenthemartyr.info

Please return completed form and required documents with check payable to:
St. Stephen's Religious Ed. ● 5373 Wydella Road ● Lilburn, GA 30047

If student(s) will receive **Confirmation** or **First Communion** this year, fill out an **Eligibility Form**. A copy of the child's **Baptismal Certificate** is needed (if child was baptized at St. Stephen the Martyr, no copy is needed).
Submit completed forms in person during parish office hours, email, or send by mail.
No incomplete registrations will be accepted.

********* Parent Promise ********

As the primary religious educator of my child/children, I promise to ensure my child's/children's regular attendance to all classes or programs, to attend Holy Mass weekly with my family, to practice the faith at home, and to give witness to an active prayer life and a living Catholic faith.

Parent Signature _____

****** PARENTAL MEDICAL RELEASE ******

REQUIRED

If we are unable to reach a Parent or Legal Guardian, permission is granted to seek medical attention if necessary.

Parent Signature _____

ARCHDIOCESAN VIRTUS SAFE ENVIRONMENT TRAINING

As part of an ongoing effort to help create and maintain safe environments for all children and youth and to protect them from sexual abuse, the Archdiocese of Atlanta provides a prevention program. This training program is a vehicle through which parents, teachers, catechists, and youth ministers give children and young people the tools they need to protect themselves from those who might have the intention of harming them. The date of the training is on the calendar. The material used for this training is available for preview upon request in the Religious Education Office.

Check only one box:

☐ I give permission for my child/children to attend the training.

☐ I decline to grant my approval for my child/children to attend the training; however, I understand that as a primary educator of my child/children, the Church requests that I provide such training to my child/children within the family.

Parent Signature _____

Other Forms Needed:

☐ **Annual MEDIA RELEASE** – Complete one form per child

☐ **Annual Medical Release** - Complete for EDGE/LifeTeen/Confirmation

☐ **Permission to Contact Youth** – Complete for LifeTeen/Confirmation

STUDENT #1

Child's Full Legal Name:_____

Date of Birth:_____ ☐ Male ☐ Female

Special Needs/Health Concerns/Allergies:_____

Has student received Religious Education previously? ☐ Yes ☐ No

What grade was student in when he/she last received Religious Education classes? _____

What grade as of Fall 2026? _____Which School will they attend? _____

Program:☐ **REC** ☐ **Communion** ☐ **Confirmation** ☐ **EDGE** ☐ **LifeTeen** ☐ **OCIA for Youth**

If LifeTeen, include Student Email: _____ Cell #_____

Sacrament(s) celebrated:	Year	Name of Catholic Church	City/State
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

☐ ***Not Baptized*** ☐ ***Baptized in another denomination*** ☐ ***Older than grade 5 + needs preparation for Eucharist***

STUDENT #2

Child's Full Legal Name:_____

Date of Birth: _____ ☐ Male ☐ Female

Special Needs/Health Concerns/Allergies :_____

Has student received Religious Education previously? ☐ Yes ☐ No

What grade was student in when he/she last received Religious Education classes? _____

What grade as of Fall 2026? _____Which School will they attend? _____

Program: ☐**REC** ☐**Communion** ☐**Confirmation** ☐**EDGE** ☐**LifeTeen** ☐**OCIA for Youth**

If LifeTeen, include Student Email: _____ Cell #_____

Sacrament(s) celebrated:	Year	Name of Catholic Church	City/State
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

☐ ***Not Baptized*** ☐ ***Baptized in another denomination*** ☐ ***Older than grade 5 + needs preparation for Eucharist***

STUDENT #3

Child's Full Legal Name:_____

Date of Birth:_____ ☐ Male ☐ Female

Special Needs/Health Concerns/Allergies:_____

Has student received Religious Education previously? ☐ Yes ☐ No

What grade was student in when he/she last received Religious Education classes? _____

What grade as of Fall 2026? _____Which School will they attend? _____

Program: ☐**REC** ☐**Communion** ☐**Confirmation** ☐**EDGE** ☐**LifeTeen** ☐**OCIA for Youth**

If LifeTeen, include Student Email: _____ Cell #_____

Sacrament(s) celebrated:	Year	Name of Catholic Church	City/State
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

☐ ***Not Baptized*** ☐ ***Baptized in another denomination*** ☐ ***Older than grade 5 + needs preparation for Eucharist***

STUDENT #4

Child's Full Legal Name:_____

Date of Birth: _____ ☐ Male ☐ Female

Special Needs/Health Concerns/Allergies:_____

Has student received Religious Education previously? ☐ Yes ☐ No

What grade was student in when he/she last received Religious Education classes? _____

What grade as of Fall 2026? _____Which School will they attend? _____

Program: ☐**REC** ☐**Communion** ☐**Confirmation** ☐**EDGE** ☐**LifeTeen** ☐**OCIA for Youth**

If LifeTeen, include Student Email: _____ Cell #_____

Sacrament(s) celebrated:	Year	Name of Catholic Church	City/State
Baptism	_____	_____	_____
Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

☐ ***Not Baptized*** ☐ ***Baptized in another denomination*** ☐ ***Older than grade 5 + needs preparation for Eucharist***