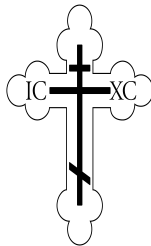


**SAINT STEPHEN'S BYZANTINE CATHOLIC
CATHEDRAL,
8141 NORTH 16TH STREET, FRNT,
PHOENIX, ARIZONA 85020 Tel. (602) 943-5379**



**EASTERN CHRISTIAN FORMATION
PROGRAM
(RE)REGISTRATION FORM FOR 2018-2019
CATECHETICAL YEAR**

N.B. Kindly complete and submit this form for **each** child in your family that you wish to (re)register in our program. If you are unable at this time to (re)register your child(ren) with the **\$25 fee for each family** (whether your family registers one or many children, the fee is the same: \$25), then please see the E.C.F. Coordinator or Fr. Diodoro Mendoza, our Rector. The fee may be paid by cash, check, or money order payable to "St. Stephen Cathedral". **Please note that references to "parent" below in this form also count for legal guardians.**

Deadline for (re)registration is October 5, 2018 with classes starting on **Sunday, October 7, 2018 at 11 a.m.** at designated classrooms of Buildings 8141, 8131, and 8105 of our Rectory-Chancery complex.

Is this a NEW registration or a RE-registration of your child in our program? **Circle:** NEW or RE

If this is a NEW registration of your child, please provide us **as soon as possible** copies of the birth certificate and certificates of sacraments received already by your child (i.e., Baptism, Communion/First Holy Communion if Roman Rite, Chrismation/Confirmation if Roman Rite). **If your child has not been baptized**, please let the E.C.F. Coordinator know so that appropriate preparations may be arranged. In that case, kindly provide a copy of the birth certificate of your child.

Full Name of Child: _____ Birth Date: _____

Address: _____ Tel No. of a parent: _____

E-mail of a parent: _____ Name & Tel. # for emergencies: _____

School Currently Attending: _____ Grade: _____

If there is anything that our program should know regarding your child and a classroom or pedagogical setting, please advise the E.C.F. Coordinator BEFORE classes begin so that we may see how we may help you raise your child in the Byzantine Catholic faith.

Are there any **medical** considerations (such as allergies or required medications) that we should know regarding your child?

Circle NO or YES. **If YES**, kindly explain them a.s.a.p. to the E.C.F. Coordinator or to Fr. Diodoro, our Rector.

Any other children registered or to be registered in our program? **Circle** NO or YES. If YES, then kindly indicate their name(s):

Which Divine Liturgy do you and your family attend normally? **Circle** : Sat., 4 p.m.. OR Sun., 9 a.m. .

Please be advised that all students of our E.C.F. program are expected to keep the Lord's Day holy as part of their formation in the Byzantine Catholic faith.

I register my child in the Eastern Catholic Formation program of Saint Stephen's Byzantine Catholic Cathedral with the understanding that the Program cannot replace my child's parents or guardians as the first formators of my child as a disciple of Our Lord Jesus Christ through and in His Church. Rather, I acknowledge that the E.C.F. program aims to supplement my prayerful efforts as a Christian parent in the spiritual and practical formation of my child. Thus, I pledge to cooperate with the guidelines, deadlines, and expectations of the E.C.F. program and to ensure that my child participates attentively and respectfully.

Parent or Legal Guardian: (sign) _____, Date: ____/____/____

Print Name: _____

E.C.F. AUTHORIZED SIGNATURE ONLY: _____ DATE: ____/____/____