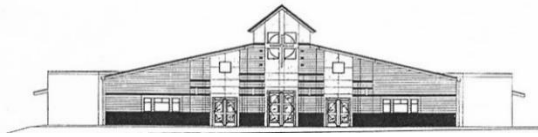


2023-2024

Input PS _____
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Registration – Family Religious Education

Sunday Session 9:15AM – 10:45AM or Tuesday Session 6PM – 7:30PM

Date: _____

Office Use Only

Family Last Name: _____

Address or PO Box: _____

City: _____ Zip code: _____

Home phone #: _____ Cell phone #: _____

E-mail: _____

Preferred Language: _____

If child has different Last Name(s): _____

of Children _____ YM _____
Amount Due \$ _____ YM \$ _____
Amount Paid \$ _____ YM \$ _____
Balance Due \$ _____ YM \$ _____
Cash _____ Check # _____ Card _____
Session S _____ Session T _____
Catechist fee waived _____

====PLEASE PRINT & SIGN BELOW FOR PROGRAM ENROLLMENT====

I agree to all of the guidelines for Registration and Attendance for my child at St. Matthew Family Religious Education Program.

Print Father's Name: _____

Print Mother's Name: _____

Father's Signature: _____

Mother's Signature: _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Other Phone: (____) _____

Other Phone: (____) _____

===== CHILD INFORMATION (Grades 1– 6 ONLY) =====

Please select: Sunday 9:15am – 10:45am [___] or Tuesday 6pm - 7:30pm [___]

Full Name: _____ Grade in Fall 2023 _____

Enrolled in Formation classes before? [Yes or No] Age _____ Male _____ Female _____

Birthdate: _____ - _____ - _____

Sacraments Completed [___]*Baptism [___]Ist Reconciliation [___]Ist Eucharist [___]Confirmation

**Must be a Roman Catholic Baptism. Please contact the office if you are unsure.*

Full Name: _____ Grade in Fall 2023 _____

Enrolled in Formation classes before? [Yes or No] Age _____ Male _____ Female _____

Birthdate: _____ - _____ - _____

Sacraments Completed [___]*Baptism [___]Ist Reconciliation [___]Ist Eucharist [___]Confirmation

**Must be a Roman Catholic Baptism. Please contact the office if you are unsure.*

Full Name: _____ Grade in Fall 2023 _____

Enrolled in Formation classes before? [Yes or No] Age _____ Male _____ Female _____

Birthdate: _____ - _____ - _____

Sacraments Completed [___]*Baptism [___]Ist Reconciliation [___]Ist Eucharist [___]Confirmation

**Must be a Roman Catholic Baptism. Please contact the office if you are unsure.*

Health Problems: _____

YES, I allow my child(ren)'s photograph to be taken, and used in church media (bulletin, Facebook, etc.)

Print Parent's Name: _____

Parent's Signature: _____ Date: _____

St. Matthew Religious Education Program and Sacramental Preparation Requirements

Please initial after each statement. This signifies that you fully understand and were explained the requirements.

- I understand my child must be enrolled in their **2nd consecutive year** of Religious Education Classes before I can begin sacramental preparation. _____
- I understand that if I don't complete the required meetings **within the school year**, I **must complete** the meetings the following school year **AND my child will must be enrolled in RE or YM** classes that school year. _____
- I have been given the key dates. I know which meetings, workshops, services and retreats I need to attend. _____
- I understand that my child must regularly attend Mass the **1st and 2nd** year of Religious Education classes when they're preparing for sacraments. _____
- I understand that my child may be dropped from Religious Education classes for poor attendance. If my child misses **3 or more** classes, a parent meeting may be required. _____
- I agree to make up any and all assignments my child missed when they were absent. _____
- I understand that if my child misses Mass **3 or more times**, I will need pastoral clearance before scheduling any sacraments. _____
- I have received the registration booklet and understand the policies and requirements. _____
- I would like to be added to **Remind** for text reminders. Cell #: _____

Email address: _____

Parent Name: _____

Parent Signature: _____

EMERGENCY FORM - (GRADES 1-6 ONLY)

This form is necessary for enrollment and must be submitted at registration.

1st Child

Last Name / First Name _____

Parent or Guardian's Signature _____

Parent's Full Name _____

Date _____

Child's Date of Birth _____

Age _____

Emergency Phone No. _____

2nd Child

Last Name / First Name _____

Parent or Guardian's Signature _____

Parent's Full Name _____

Date _____

Child's Date of Birth _____

Age _____

Emergency Phone No. _____

3rd Child

Last Name / First Name _____

Parent or Guardian's Signature _____

Parent's Full Name _____

Date _____

Child's Date of Birth _____

Age _____

Emergency Phone No. _____

Address _____

City _____

Zipcode _____

I/We request that the above child be permitted to attend **St. Matthew Family Religious Education Program**.
I [parent(s)] agree to all of the guidelines outlined in the Registratin Packet and agree to the emergency instructions.
In the event of an emergency and I do not answer my phone or the emergency contact listed below is not available, I give St. Matthew permission to seek medical care for my child. I accept responsibility for the payment of these medical services.

Please Initial _____

** Name of other persons authorized to pick up your child from class:
Contact Person: _____

Emergency Phone No: _____

Parents are responsible to inform the office whenever there are changes to any of the above information!

CUSTODY ISSUES:

Absent a copy of a court order, we will assume that both parents have custody of the child. If there are custody problems which might

involve St. Matthew, please attach any necessary information. Specific custody restrictions must be verified by providing us with a copy of the COURT ORDER.

(PARISH OFFICE USE ONLY)

Child's Name _____

Signature of parent or guardian _____

Print Full Name _____

Date _____

Time _____