

St. Matthew Parish Reconciliation & First Communion Registration Form

Sacraments to be received: ____ Reconciliation ____ First Communion

Child's Information

First & Middle Name: _____ Last Name: _____

(Please write name as it should appear in permanent records)

Date of Birth: _____ Age in April 2019: ____ School & Grade Level: _____

Parish of Baptism: _____ Date of Baptism: _____

A copy of the Baptismal Certificate must be included (even if baptized at St. Matthew).

Parent Information

Parents/Adults Name(s): _____

Mother's Maiden Name: _____

Mailing Address: _____ City/Zip: _____

Phone: _____ Email: _____

Special Needs or Family Arrangements that we should be aware of:

Fee Agreement

Make checks payable to: St. Matthew Religious Education

Reconciliation Fee: \$25 per child

First Communion Fee: \$35 per child

I agree to pay the registration to St. Matthew Parish for the 2018/2019 Reconciliation and/or First Communion program. I understand I am responsible regardless of attendance. I understand that payment must be included with registration form and I will not be registered until all fees are paid. I understand and agree that St. Matthew Parish and its staff will assume no responsibility for injuries or medical expenses incurred by my child or myself. We agree to hold harmless, St. Matthew Parish, from liability for injury or damage to person or property as a result of said participation in St. Matthew Parish activities.

Permission to Photograph: St. Matthew staff and volunteers may use pictures containing families, including minors, for the sole purpose of promoting our program here at St. Matthew in the weekly bulletin, parish website, newsletters or articles that may appear in the Compass (the Diocesan newspaper). News Releases will never contain last names of any minors. Addresses and phone numbers will never be released in such publications. This agreement will be considered active and ongoing unless it is cancelled, in writing, by the individual or their parent/guardian. I give permission for St. Matthew Generations of Faith staff and volunteers to photograph members of my family. These photos can be used in the above named news releases from this day forward unless this agreement is cancelled per my request.

Signed: _____ Date: _____

Please return this form and payment to the Parish Office or mail to: *St. Matthew Parish, Attn: Mike Westenberg, 130 St. Matthews Street, Green Bay, WI 54301.*

Office Use Only

Baptism Certificate: _____

Reconciliation Fee \$25

Date: _____

Check #/Cash: _____

Mass Selection: _____

First Communion Fee \$35

Date: _____

Check #/Cash: _____