

Parish of Saint Matthew

Religious Education

Registration 2018-2019

Fees: \$60.00 first child
 \$50.00 second child
 \$40.00 third child

Circle One:

Sunday: 9:15AM- 10:25AM

Monday: 6:00PM- 7:10PM

***REGISTRATION FEE is due at time of Registration**

Registration is due by AUGUST 20, 2018

CCD Grade in September _____

Is Your Child in his/ her 2nd year of preparation for a Sacrament this year? **Circle One: YES NO**

Please check one: New Student _____ Returning Student _____

Last grade of completed religious instruction _____

Family Name:	
Father's Last Name:	Mother's Last Name:
Father's First Name:	Mother's First Name:
	Maiden Name:
Father's Religion:	Mother's Religion
Father's Address:	Mother's Address
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-Mail:	E-Mail:
Registered Member of Saint Matthew's Parish? Yes / No	Registered Member of Saint Matthew's Parish? Yes / No

Child #1

Student's Last Name:	Student's Middle Name:	
Student's First Name:	Sex:	DOB
Student's Address:		
School Name:		
School Grade:		
Emergency Contact:		
Name:	Relationship:	Phone:
Special Needs: Please list any special needs, disabilities or accommodations we should know about.		
Sacraments: Please check all sacraments your child has received.		
Baptism:	First Communion:	
First Reconciliation:	Confirmation:	
Please use the back of this form for additional students.		

Child #2			
Student's Last Name:		Student's Middle Name:	
Student's First Name:		Sex:	DOB
Student's Address:			
School Name:			
School Grade:			
Emergency Contact:			
Name:		Relationship:	Phone:
Special Needs: Please list any special needs, disabilities or accommodations we should know about.			
Sacraments: Please check all sacraments your child has received.			
Baptism:		First Communion:	
First Reconciliation:		Confirmation:	

Child #3

Student's Last Name:		Student's Middle Name:	
Student's First Name:		Sex:	DOB
Student's Address:			
School Name:			
School Grade:			
Emergency Contact:			
Name:		Relationship:	Phone:
Special Needs: Please list any special needs, disabilities or accommodations we should know about.			
Sacraments: Please check all sacraments your child has received.			
Baptism:		First Communion:	
First Reconciliation:		Confirmation:	

Your time and talents are greatly appreciated. If you would like to help-out in our program, please provide your name and phone number.

Name:	Date of Registration	/ /	
Phone: ()	Payment Method:	Cash	Check #
Preferred Day:	Is this student a teacher's child	YES	NO
Preferred Time:			
Preferred Grade:			