



St. Matthew Parish

221 S 28th Ave Wausau, WI 54401

2018-2019 Religious Education Student Registration Form

Please note our program takes place at Holy Name of Jesus Parish
1104 S. 9th Ave.

Family Name/Surname _____ Home Phone (____) ____ - _____
 Address _____
 City _____ Zip _____
 Are you a registered family of Saint Matthew Parish? Yes No

PLEASE COMPLETE INFORMATION ON BACKSIDE

Students in sacramental preparation programs are subject to an additional fee. Sacraments of First Holy Communion and Confirmation are an additional \$50.00 for each student.

For Office Use Only:

Registration Date: ___/___/___

Religious Education Fees:
 1st Child \$75.00
 2nd Child \$65.00
 3rd Child \$25.00
 Max Free \$165.00

RFHC Pd ___ CONF Pd ___

Payment Information:
 Check # \$ _____
 Cash \$ _____
 Balance Due \$ _____

Notes:

Parent/Guardian Information	
Name: _____ Birth Date: ___/___/___ Relationship: Mother ___ Father ___ Guardian ___ Religion: Roman Catholic ___ Other _____ Email: _____@_____._____ Church Married ___ Married ___ Divorced ___ Single ___ If divorced mailing should be sent to me ___ both _____ Employer: _____ Occupation: _____ Work Number: (____) ____ - ____ Ext ____ Cell Phone: (____) ____ - ____	Name: _____ Birth Date: ___/___/___ Relationship: Mother ___ Father ___ Guardian ___ Religion: Roman Catholic ___ Other _____ Email: _____@_____._____ Church Married ___ Married ___ Divorced ___ Single ___ If divorced mailing should be sent to me ___ both _____ Employer: _____ Occupation: _____ Work Number: (____) ____ - ____ Ext ____ Cell Phone: (____) ____ - ____

Emergency Contact Information
Name: _____ Cell: (____) ____ - ____ Other: (____) ____ - ____ Relationship to Students: _____ Physician Name _____ Tel number _____ Insurance Company _____ Group/Policy Number _____

Student Information	First Name (with surname if Different)	Gender	Birth Date	Grade	School Attending	Check Sacraments Received				Health Concerns/Special Needs/Notes (Allergies, Learning Disabilities, Etc.)
						Baptism	Date & Place	Reconciliation & Eucharist	Date & Place	
1.		M / F	___/___/___							
2.		M / F	___/___/___							
3.		M / F	___/___/___							
4.		M / F	___/___/___							
5.		M / F	___/___/___							

I hereby grant permission for my child/children named on this form to be photographed and/or videotaped during Faith Formation Activities and events; and for the resulting photographs and/or video footage to be edited, if necessary, and then published (newspaper, church bulletin, church website etc.) for the purpose of promoting the activities of St. Matthew Catholic Church. I state that all the information above is true and accurate as of this date. Any change of information will submitted in writing by me.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** ___/___/___

For future planning please list any pre-school age children (including 4K)

Childs name: _____	Birth Date: _____
Childs name: _____	Birth Date: _____
Childs name: _____	Birth Date: _____
Childs name: _____	Birth Date: _____

Our program relies on the generosity of men and women willing to give up their time and talents on a weekly basis. In order for the program to run smoothly we need you, the parents, to volunteer to assist in any way you are able to. Please note that if you do not sign up for an opportunity to help, you will be assigned an area/date.

In what ways will you be willing to assist:

Catechist : _____	Teacher Aide: _____
Substitute Teacher : _____	Prayer Tester: _____
Assist with office work: _____	Summer Camp Volunteer _____
Children's Liturgy of the Word (CLOW): _____	First Communion Retreat: _____
Reconciliation Retreat: _____	Confirmation retreat _____
Door monitor _____	School building monitor _____