

2018-2019 Registration – (Grades 1–6 ONLY)

Family Religious Education

(Tuesdays 6:45pm-8pm)

Date: _____	Office Use Only
Family Last Name: _____	# of Children _____ Reg. # _____
Address or PO Box: _____	"Amount Due" \$ _____
City: _____ Zip code: _____	"Amount Paid" \$ _____
Home phone #: _____ Cell phone #: _____	"Balance Due" \$ _____
E-mail: _____	Cash _____ Check # _____
Preferred Language: _____	YPC Fee (\$25) _____
If child has different Last Name(s): _____	CLOW Facilitator \$50 Disc () _____
	Parish Reg. Env. # () _____

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

Print Father's Name: _____	Print Mother's Name: _____
Father's Signature: _____	Mother's Signature: _____
Cell Phone: () _____	Cell Phone: () _____
Other Phone: () _____	Other Phone: () _____

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

- YPC (Young Peoples Catechumenate) for children grades 4th, 5th, & 6th who are not baptized
Register children for Family Religious Education **AND** attend Family Class once per month – Extra Fee \$25.00
(on Sun. 9am-10:30am). Family must schedule appointment before beginning classes (951-272-3521)

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

Complete Full Name: _____ Grade in Fall 2017 (_____)
Enrolled in Formation classes before? [Yes or No] _____ Age _____ (Male or Female)
No Sacraments? [_____] Birthdate: _____ - _____ - _____
Sacraments Completed [_____] *Baptism [_____] - 1st Reconciliation [_____] - 1st Eucharist [_____] - Confirmation
**Must be a Roman Catholic Baptism. Please contact the office if you are unsure.*

Complete Full Name: _____ Grade in Fall 2017 (_____)
Enrolled in Formation classes before? [Yes or No] _____ Age _____ (Male or Female)
No Sacraments? [_____] Birthdate: _____ - _____ - _____
Sacraments Completed [_____] *Baptism [_____] - 1st Reconciliation [_____] - 1st Eucharist [_____] - Confirmation
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**Must be a Roman Catholic Baptism. Please contact the office if you are unsure.*

Health Problems: _____

Office Notes: _____

If you DO NOT wish your child's photograph to be taken, in class, please print and sign below.

Print Parent's Name: _____	Parent's Signature: _____
Father or Mother: _____	Cell Phone: () _____ Date: _____

FAMILY RELIGIOUS EDUCATION (GRADES 1-6 ONLY) EMERGENCY FORM

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

Print <u>1st Child's</u> (Last Name)	(First Name)	(Parent or Guardian's Signature)	(Print Full Name)	(Date)
(Child's Birthdate)	(Age)	(Family Name if different)	Emergency Telephone	
Print <u>2nd Child's</u> (Last Name)	(First Name)	(Parent or Guardian's Signature)	(Print Full Name)	(Date)
(Child's Birthdate)	(Age)	(Family Name if different)	Emergency Telephone	
Print <u>3rd Child's</u> (Last Name)	(First Name)	(Parent or Guardian's Signature)	(Print Full Name)	(Date)
(Child's Birthdate)	(Age)	(Family Name if different)	Emergency Telephone	
Address	City	Zipcode		

(I/We) request that the above named child be permitted to attend St. Matthew Family Religious Education Program. I |parent(s)| agree to all of the guidelines outlined in the Registration Packet and agree to the emergency instructions.

In the event of an emergency and I do not answer my phone or the emergency contacts listed below are not available, I give St. Matthew's 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: _____ Parents Languages: _____
Contact Person: _____ Emergency #: _____

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 problems of custody which might involve St. Matthew's, 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____