

**2014-15 ST. MATTHEW REGISTRATION FORM
FOR FAITH FORMATION CLASSES
Grades 1-12**

Father's Name:		Mother's Maiden Name:	
Stepfather's Name:		Stepmother's Name:	
Guardian's Name: (if not a parent)		E-mail	
Address:		Phone:	Cell:
City:	Zip Code:	If one of your children is a special needs child, please indicate name here:	

	Child's Name	Indicate the number of years your child attended faith formation classes		(In September , my child will be in)	Date of Birth	PLEASE INDICATE WHICH SACRAMENT(S) YOUR CHILD HAS RECEIVED BY CIRCLING YES OR NO			
		New	1 year or more	School Grade		Baptism	Reconciliation	Eucharist	Confirmation
1		New	1 year or more			Yes or No	Yes or No	Yes or No	Yes or No
2		New	1 year or more			Yes or No	Yes or No	Yes or No	Yes or No
3		New	1 year or more			Yes or No	Yes or No	Yes or No	Yes or No
4		New	1 year or more			Yes or No	Yes or No	Yes or No	Yes or No

The family will attend class: in English _____ on Wednesday's _____

The person responsible for paying the registration fee is: _____ I understand that there are **no** refunds. _____

Parent's signature: _____ Date: _____

NO REFUNDS