

Child's Last Name \_\_\_\_\_

**ST. MATTHEW'S CATHOLIC CHURCH  
FAITH FORMATION REGISTRATION**

**PLEASE NOTE:**

All students will need to supply baptismal certificates at registration if there is not a copy on file.

If you attend mass @ St. Matthew's and you have not registered your family, please fill out a GREEN Parish Family Registration Form.

*(PLEASE PRINT and fill out all information as it appears on your child's baptismal certificate)*

**STUDENT INFORMATION-Preferred name:** \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Student's Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Birth date \_\_\_\_\_ Grade in School \_\_\_\_\_ School \_\_\_\_\_

Home Phone \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**FAMILY INFORMATION:**

Father's FULL Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's FULL Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Father's Work/Cell \_\_\_\_\_ Mother's Work/Cell \_\_\_\_\_

If child is not living with natural parents:

Guardian \_\_\_\_\_ Religion \_\_\_\_\_

Relationship \_\_\_\_\_ to \_\_\_\_\_ child

Any learning disabilities or special needs? (Explain) \_\_\_\_\_

Has your child been baptized?  YES  NO

Has your child completed his/her 1st Reconciliation (Confession)?  YES  NO

When: \_\_\_\_\_ Where: \_\_\_\_\_

Has your child received the Eucharist (1st Communion)?  YES  NO

When: \_\_\_\_\_ Where: \_\_\_\_\_

Has your child received his/her Confirmation?  YES  NO

When: \_\_\_\_\_ Where: \_\_\_\_\_

I agree to abide by the rules & regulations of the Faith Formation program at St. Matthew's Catholic Church.

**Parent signature:** \_\_\_\_\_ **Date of Registration:** \_\_\_\_\_ **Fees: \$30.00**

**(1 child) / \$40.00 (2 children) / \$50.00 (3+ children)**

For any further assistance, please call the Faith Formation office @ (903) 295-3890, ext. 104.