

GRADES Kindergarten - 8

St. Matthew Catholic Church Religious Education Registration (2016-2017)

For Office Use:	
Date Registered	Check #
Tuition Total	Amount Paid

FAMILY NAME: _____ Father's Name _____ Religion _____
 Mother's Name _____ Religion _____

ARE YOU A REGISTERED PARISHIONER AT ST MATTHEW'S? Yes Envelope # _____
 Please note only registered parishioners may register for Religious Education

Address _____
Number & Street City Zip Code

Home Telephone: _____ email: _____

Daytime Telephone: _____ / _____
Father cell Mother cell

Parents Marital Status: Married Separated Divorced Widowed Single

Child(ren) resides with: Both Parents Mother Father Other (Specify name & relationship) _____

Correspondence should be addressed to: Mr. and Mrs. Mr. Mrs. Ms. Miss _____

WERE YOUR CHILDREN REGISTERED DURING THE 2015-2016 ACADEMIC YEAR? Yes No if no, where were they enrolled: _____

Please CHECK if your child has received:

	Student's Full Legal Name		M	F	Date of Birth	Grade entering Fall 2016	Name of School	Baptism	First Confession	Holy Communion	Confirmation
	Last	First									

Please note any allergies, medications or other pertinent physical information. Also note any emotional, psychological, or special learning requirements.

CLASS PREFERENCE: Please indicate your class day and time preference.

Grades K-1 _____ Tuesday 5:00-6:15 p.m. or _____ Home School

Grades 2-6 _____ Tuesday 5:00-6:15 p.m. or _____ Wednesday 6:00-7:15 p.m.

Grades 7-8 _____ Wednesday 6:00-7:15 p.m.

TUITION:*

One Child	\$ 70.00
Two Children	\$ 130.00
Three or More Children	\$ 160.00

* If you volunteer to be a Catechist, Aide or Safety Monitor and are assigned a position the Tuition Fee is waived.

Please make check payable to *St. Matthew*. Registration form and payment may be dropped off or mailed to:

St. Matthew Religious Education Program
8200 Robert E Lee Drive
Spotsylvania, VA 22551
540-582-5575

The success of our Religious Education Program depends on many volunteers.

I will help with the following:

CATECHIST CATECHIST AIDE SAFETY MONITOR

NAME _____ GRADE _____ DAY _____