GRADES Kindergarten - 8

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

St. Matthew Catholic Church

Religious Education Registration (2025-2026)

FAMILY NAME: _____ Father's Name _____ Religion _____

Mother's Name_____ Religion _____

Are you a registered parishioner at Saint Matthew's? ☐ Yes (Please note only registered parishioners may register for Religious Education)

Address _____
Number & Street City Zip Code

email: _____ Daytime Telephone: _____ _____
Father Mother

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 _____

Was your family registered with the St Matthew RE Program during the 2024-2025 academic year? ☐ Yes ☐ No
If no, where enrolled: _____

	Student's Full **Legal** Name Last First	Nickname	Date of Birth	Grade entering **Fall 2025**	**Please CHECK if your child has received:** Baptism	First Confession	Holy Communion	Confirmation

Please note any allergies, medications, special learning requirements, or other pertinent information.

_____

_____

CLASS TIMES:

Grades K-5	**Tuesday**	**5:00-6:15 p.m.**
Grades 6-8	**Wednesday**	**6:00-7:15 p.m.**
Sacrament "Catch up" Class	**Wednesday**	**6:00-7:15 p.m.**

TUITION:*

One Child	$ 90.00
Two Children	$ 150.00
Three or More Children	$ 180.00

* 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 _____