

Date: \_\_\_\_\_

# St. Matthew's Catholic Church

1773 Blanding Blvd. Jacksonville, FL 32210

## 2016-2017 Religious Education Registration Form

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Are you a registered member of St. Matthew's Parish? \_\_\_\_\_ School student currently attends \_\_\_\_\_ Grade this year \_\_\_\_\_

Does your child require any exceptional student education services: Learning Disabilities \_\_\_\_\_ Language Impairment \_\_\_\_\_ Emotionally Impaired? \_\_\_\_\_

Health Conditions/ Other problems we should be aware of: \_\_\_\_\_

Date and Place of Baptism (*Copy of Baptismal Certificate Required*) \_\_\_\_\_

Numbers of year's student has attended Religious Education classes \_\_\_\_\_

School/Parish Religious Education classes last attended \_\_\_\_\_

Has student made any of the following Sacraments?

Y/N	Sacrament	Date	Parish & Place
_____	Reconciliation	_____	_____
_____	Eucharist	_____	_____
_____	Confirmation	_____	_____

**Student is in need of Sacramental Preparation for:** \_\_\_\_\_

If you would like your child to participate in sacramental preparation for Reconciliation, First Eucharist or Confirmation you must also fill out a sacramental registration form. Please call our office at 388-1207 to have the necessary form sent to you.

### Parent/Guardian Information

Father/Guardian Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Father Contact Information \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Mother Contact Information \_\_\_\_\_

Marital Status \_\_\_\_\_ Student resides with (please check appropriate response): Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (specify) \_\_\_\_\_

In the event of an emergency and you are unable to reach me please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Registration Fee: Before August 30: \$45.00 per student. After August 30: \$55.00 per student. Please mail or bring this form with registration fees to the Church Office.**

Check # \_\_\_\_\_ Cash \_\_\_\_\_

*Please complete both sides of this registration form and correct any information*

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### ***How Can We Best Contact You?***

We will be sending all notices, newsletters and other correspondence through email. Please indicate the email you wish to receive all correspondence:

**Parent Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### ***Text Messages***

We would like the option to send text messages on your cell phone in case of emergencies, please provide the following information:

**Parent Name:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_ **Cell Phone Company:** \_\_\_\_\_

I agree to allow St. Matthew's to contact me by text message on my cell phone **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ***Child Photography Release Form***

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

**Parent or Guardian Signature:** \_\_\_\_\_

*Please complete both sides of this registration form and correct any information*