

2025/2026 Generations of Faith Registration Form



Family Information

Family Last Name: _____

Parents/Adults Name(s): _____

Mailing Address: _____ City/Zip: _____

Phone: _____ Email: _____

Home Parish: _____

Child(ren)'s Name(s)	Age	School Attending	Grade (This Fall)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Needs or Family Arrangements that we should be aware of:

Fee Agreement

Make checks payable to: St. Matthew Generations of Faith

Generations of Faith Family Program Fee: \$120.00

Note: Generation of Faith Family Program Fees can be paid in full or per semester. The full fee/remaining balance is then due by January 31st, 2025.

I agree to pay the registration to St. Matthew Parish for 2025/2026 Generations of Faith. I understand I am responsible regardless of attendance. I understand that payment must be included with registration form and I will not be registered until all fees are paid. I understand and agree that St. Matthew Parish and its staff will assume no responsibility for injuries or medical expenses incurred by my child or myself. We agree to hold harmless, St. Matthew Parish, from liability for injury or damage to person or property as a result of said participation in St. Matthew Parish activities.

Permission to Photograph: St. Matthew staff and volunteers may use pictures containing families, including minors, for the sole purpose of promoting our program here at St. Matthew in the weekly bulletin, parish website, newsletters or articles that may appear in the Compass (the Diocesan newspaper). News Releases will never contain last names of any minors. Addresses and phone numbers will never be released in such publications. This agreement will be considered active and ongoing unless it is cancelled, in writing, by the individual or their parent/guardian. I give permission for St. Matthew Generations of Faith staff and volunteers to photograph members of my family. These photos can be used in the above named news releases from this day forward unless this agreement is cancelled per my request.

Signed: _____ Date: _____

Please return this form and payment to the parish office or mail to: 2025/2026 GOF Registration, St. Matthew Parish, 130 St. Matthews Street, Green Bay, WI 54301.