

# 2026/2027 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 ( <i>This Fall</i> )
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 31<sup>st</sup>, 2027.

I agree to pay the registration to St. Matthew Parish for 2026/2027 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.

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

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