2025-2026

Registration – Youth Ministry/Confirmation

7th, 8th, & 9th ~ Monday *6:25pm-8pm*; Year 1 or Year 2 ~ Wednesday-*6:55pm–8:30pm*

Date:_____

Office Use Only

Family Last Name: _____
Address or PO Box:_____
City:_____ **Zip code:** _____
Home phone #:_____ **Cell phone #:** _____
E-mail:_____
Preferred Language: _____
If child has different Last Name(s): _____

# of Children_____	RE_____
Amount Due $_____	RE $_____
Amount Paid $_____	RE $_____
Balance Due $_____	RE $_____
Cash____ Check #____	Card_____
7th___ 8th___ 9th-___	Year 1___ Year 2___
Catechist fee waived _____	

====**PLEASE PRINT & SIGN BELOW FOR PROGRAM ENROLLMENT**===

I agree to all of the guidelines for Registration and Attendance for my child at *St. Matthew Family Religious Education Program*.

Print Father's Name: _____ **Print Mother's Name:** _____
Father's Signature:_____ **Mother's Signature:**_____
Cell Phone: (____)_____ **Cell Phone:(____)**_____
Other Phone: (____)_____ **Cell Phone:(____)**_____

=============*STUDENT INFORMATION (Grades 7th– 12th ONLY)* ============

Please select: Monday 7th [__] 8th [____] 9th [____] or Wednesday Year 1 [____] Year 2 [____]
Full Name: _____ *Grade in Fall 2024* _____
Enrolled in Formation classes before? *[Yes or No]* CELL#_____ *Age___ Male___ Female___*
Baptized: Date_____ Church_____ Birthdate: _____-____-____

Sacraments Completed   [____]*Baptism   [____]1st Reconciliation   [____]1st Eucharist   [____]Confirmation
                *Must be a Roman Catholic Baptism. Please contact the office if you are unsure.
STUDENT E-MAIL:_____ **CELL:**_____

Please select: Monday 7th [__] 8th [____] 9th [____] or Wednesday Year 1 [____] Year 2 [____]
Full Name: _____ *Grade in Fall 2024* _____
Enrolled in Formation classes before? *[Yes or No]* CELL#_____ *Age___ Male___ Female___*
Baptized: Date_____ Church_____ Birthdate: _____-____-____

Sacraments Completed   [____]*Baptism   [____]1st Reconciliation   [____]1st Eucharist   [____]Confirmation
                *Must be a Roman Catholic Baptism. Please contact the office if you are unsure.
STUDENT E-MAIL:_____ **CELL:**_____

Please select: Monday 7th [__] 8th [____] 9th [____] or Wednesday Year 1 [____] Year 2 [____]
Full Name: _____ *Grade in Fall 2024* _____
Enrolled in Formation classes before? *[Yes or No]* CELL#_____ *Age___ Male___ Female___*
Baptized: Date_____ Church_____ Birthdate: _____-____-____

Sacraments Completed   [____]*Baptism   [____]1st Reconciliation   [____]1st Eucharist   [____]Confirmation
                *Must be a Roman Catholic Baptism. Please contact the office if you are unsure.
STUDENT E-MAIL:_____ **CELL:**_____

Health Problems: _____

____ **YES, I allow my child(ren)'s photograph to be taken, and used in church media (bulletin, Facebook, etc.)**
Print Parent's Name: _____

Parent's Signature:_____ **Date:** _____