

2026-2027



Input PS _____
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Registration – Youth Ministry/Confirmation

7th, 8th, & 9th ~ Monday 6:50pm -8:30pm; Year 1 or Year 2 ~ Wednesday-6:50pm-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 2026 _____

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 2026 _____

Enrolled in Formation classes before? [Yes or No] Cell# _____ Age _____ Male _____ Female _____

Baptized: Date _____ Church _____ Birthdate: _____ - _____ - _____

Sacraments Completed [____]/*Baptism [____]/1st Reconciliation [____]/1st Eucharist [____]/Confirmation

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Full Name: _____ Grade in Fall 2026 _____

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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: _____