Welcome

to

St. Matthew's

Faith Formation Program

JESUS SAID, "LET THE CHILDREN COME TO ME AND DO NOT HINDER THEM, FOR SUCH BELONGS THE KINGDOM OF HEAVEN." *Matthew 19:14*

Welcome Packet - Table of Contents:

Registration Date ___/___/___

St. Matthew's Church & Missions

219 7th St SE
Sidney, MT 59270

Family Information

Last Name _____ Envelope Number _____

Family Email _____ Mailing Name _____

Home Phone ( ) - _____ Emergency Phone ( ) - _____

Address Information

Address 1 _____

Address 2 _____

City _____ State _____ Zip/Postal _____

☐ Publish Phone ☐ Publish Address ☐ Publish Email ☐ Receive Visits ☐ Receive Contributions Envelopes

Member Information

First Name _____ Status at Parish _____

Role _____ Nick Name _____

Date of Birth _____ Gender M / F

Email _____ MaidenName _____

Ethnicity _____ Birth Place _____

First Language _____ Work Phone ( ) - _____

Special Needs _____ Cell Phone ( ) - _____

High School Grad Year _____

Sacrament Information

___/___/___

☐ Catholic

☐ Baptism ___/___/___

Location _____

☐ Reconciliation Prep ___/___/___

Location _____

☐ First Eucharist ___/___/___

Location _____

☐ Confirmation ___/___/___

Location _____

☐ Catholic Marriage ___/___/___

Location _____

Member Information

First Name _____

Role _____

Date of Birth _____

Email _____

Ethnicity _____

First Language _____

Special Needs _____

Status at Parish _____

Nick Name _____

Gender M / F

MaidenName _____

Birth Place _____

Work Phone ( ) -

Cell Phone ( ) -

High School Grad Year _____

Sacrament Information

☐ Catholic

☐ Baptism ___/___/___

Location _____

☐ Reconciliation Prep ___/___/___

Location _____

☐ First Eucharist ___/___/___

Location _____

☐ Confirmation ___/___/___

Location _____

☐ Catholic Marriage ___/___/___

Location _____

Member Information

First Name _____

Role _____

Date of Birth _____

Email _____

Ethnicity _____

First Language _____

Special Needs _____

Status at Parish _____

Nick Name _____

Gender M / F

Maiden Name _____

Birth Place _____

Work Phone ( ) -

Cell Phone ( ) -

High School Grad Year _____

Sacrament Information

☐ Catholic

☐ Baptism ___/___/___

Location _____

☐ Reconciliation Prep ___/___/___

Location _____

☐ First Eucharist ___/___/___

Location _____

☐ Confirmation ___/___/___

Location _____

☐ Catholic Marriage ___/___/___

Location _____

St. Matthew's Religious Education Program

REGISTRATION FORM

310 7TH Street SE • Sidney, MT 59270
Phone: 406-433-2510

FAMILY INFORMATION				
Last Name:		First Name:	Spouse's First Name:	
Physical Address:		City:	State:	Zip:
Mailing Address: *(if different from above)*		City:	State:	Zip:
Home Phone:	Work:	Cell:	Spouse's Cell:	
Email Address:		Other Email Address:		
Marital Status:	Anniversary (mm/dd/yy)	Your Birthday (mm/dd/yy)	Spouse's Birthday (mm/dd/yy)	

REGISTERED WITH ST. MATTHEW'S CHURCH
Are you registered with St. Matthew's Church? (Please circle one) Yes No Want to Register

OTHER PARENT/GUARDIAN CONTACT INFORMATION *(If not applicable, please check here* ☐*)*		
Name & Address:	Relationship:	
Email Address:	Home Phone	Cell Phone

EMERGENCY CONTACT INFORMATION		
Name & Address:	Home Phone:	Cell Phone:

Preschool students MUST be 4 years old by November 1st.

CHILDREN IN YOUR HOUSEHOLD				
Last Name:			First Name:	
Grade:	Birth Date *(mm/dd/yy)*:		Nick Name:	Male or Female:
Sacraments:	Baptism Date:		Church Name: City & State:	
	Reconciliation Date:		Church Name: City & State:	
	Confirmation Date:		Church Name: City & State:	
	First Eucharist Date:		Church Name: City & State:	

Last Name:			First Name:	
Grade:	Birth Date *(mm/dd/yy)*:		Nick Name:	Male or Female:
Sacraments:	Baptism Date:		Church Name: City & State:	
	Reconciliation Date:		Church Name: City & State:	
	Confirmation Date:		Church Name: City & State:	
	First Eucharist Date:		Church Name: City & State:	

Last Name:			First Name:	
Grade:	Birth Date *(mm/dd/yy)*:		Nick Name:	Male or Female:
Sacraments:	Baptism Date:		Church Name: City & State:	
	Reconciliation Date:		Church Name: City & State:	
	Confirmation Date:		Church Name: City & State:	
	First Eucharist Date:		Church Name: City & State:	

Last Name:			First Name:	
Grade:	Birth Date *(mm/dd/yy)*:		Nick Name:	Male or Female:
Sacraments:	Baptism Date:		Church Name: City & State:	
	Reconciliation Date:		Church Name: City & State:	
	Confirmation Date:		Church Name: City & State:	
	First Eucharist Date:		Church Name: City & State:	

Last Name:			First Name:	
Grade:	Birth Date *(mm/dd/yy)*:		Nick Name:	Male or Female:
Sacraments:	Baptism Date:		Church Name: City & State:	
	Reconciliation Date:		Church Name: City & State:	
	Confirmation Date:		Church Name: City & State:	
	First Eucharist Date:		Church Name: City & State:	

Last Name:			First Name:	
Grade:	Birth Date *(mm/dd/yy)*:		Nick Name:	Male or Female:
Sacraments:	Baptism Date:		Church Name: City & State:	
	Reconciliation Date:		Church Name: City & State:	
	Confirmation Date:		Church Name: City & State:	
	First Eucharist Date:		Church Name: City & State:	

Baptismal Information Form

Request a copy of a Baptismal Certificate - Please Print

Child's Full Name: _____
First Middle Last

Date of Birth: _____, _____ _____
Month / Day Year) City / State

Father's Name: _____
First Last

Mother's Name: _____
First Maiden Last

*Date of Baptism: _____, _____
Month / Day Year

Church baptized in: _____
Name of Church

_____
(City / State)

*Please attach a copy of your child's Baptismal Certificate for sacrament prep.

Family Contact Information

Name: _____

Home Phone No.: _____ Cell Phone No.: _____

Email: _____