

2024-2025 Saint Matthew Religious Education Program Registration Form

(Please fill out a form for each child)

Grade: _____

NAME: _____
(FIRST) (LAST) (MIDDLE INITIAL)

DATE OF BIRTH: _____ SEX: MALE FEMALE

ATTENDING SCHOOL: _____

ADDRESS: _____

PHONE: _____
Cell Phone Home Phone

EMAIL: _____
Required for communication with parent/guardian

MOTHER'S FULL NAME: _____

MOTHER'S RELIGION: _____

FATHER'S FULL NAME: _____

FATHER'S RELIGION: _____

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BAPTISM: _____
(month/day/year) Church Where Baptized

_____ Address City State Zip

RECONCILIATION: _____
(month/day/year) Church Where Received

EUCCHARIST: _____
(month/day/year) Church Where Received

(CONTINUE ON REVERSE SIDE)

HEALTH INFORMATION

EMERGENCY CONTACT: _____
Name & Phone Number if Parent/Guardian cannot be reached

PRIMARY CARE PHYSICIAN: _____
(Name) (Phone Number)

MEDICAL INSURANCE CARRIER: _____
(Name) (Policy Number)

LIST OF ALLERGIES: _____
(Medications/Food, etc)

LIST OF ALL MEDICAL CONDITIONS DIAGNOSED BY A PHYSICIAN AND ANY PHYSICAL OR DIETARY LIMITATIONS:

In the event of any injury or illness to my/our child during his/her participation in St Matthew Religious Education Program, I/We hereby give my/our permission for the necessary medical treatment to be given to my/our child. Please **initial** all that apply:

_____ I give my permission to administer non-aspirin (Tylenol, Advil, Motrin, Aleve) to my son/daughter

_____ I give my permission to administer anti-acids to my son/daughter.

_____ I give my permission to administer basic first aid (minor cuts, nosebleeds) to my son/daughter.

_____ I give my permission for a nurse or physician to give medications to my son/daughter.

_____ I give my permission to transport my son/daughter to a hospital if necessary.

_____ Please call parent/guardian to permission before administering any of the above.

RELIGIOUS EDUCATION FEE SCHEDULE

Please refer to the rates below for this years Religious Education fees. **Circle the amount for your family and remit this form along with your payment and registration paperwork.**

THERE IS NO FEE IF YOU TEACH, CO-TEACH OR SUBSTITUTE.

EARLY REGISTRATION TOTAL AMOUNTS FROM JUNE 30, 2024 to JULY 21, 2024:

ONE (1) CHILD:	\$30
TWO (2) CHILDREN:	\$50
THREE (3) OR MORE CHILDREN:	\$60

REGISTRATION AMOUNTS AFTER JULY 21, 2024:

ONE (1) CHILD:	\$40
TWO (2) CHILDREN	\$70
THREE (3) CHILDREN:	\$90
FOUR (4) OR MORE CHILDREN:	\$100

CASH OR CHECKS ARE ACCEPTABLE.

CHECKS PAYABLE TO: Saint Matthew Catholic Church.

Please place checks or cash in an envelope with Attn: Lauren Wright. Payments may be mailed to the church office or handed to me.

Fees are used to cover costs of books, materials, classroom supplies and resources, retreats, etc.

If fees place a financial burden on your family, please contact Lauren at 814-312-0969 or lwright@diocesaj.org.

LIST OF CHILDREN NAMES AND GRADE:
