

REGISTRATION FORM

Church of Saint Matthew—Religious Education Office
101 Church Avenue, Forestville, CT 06010
(860) 583-7806

FAMILY INFORMATION:

Please circle appropriate title: Mr. and Mrs. Mr. Mrs. Ms. Miss

Family Last Name _____

Mother's Name _____ Maiden Name _____

Father's Name _____

Home Address _____

Home Phone _____ Mother's Work Phone _____ Father's Work Phone _____

Mother's Religion _____ Father's Religion _____

EMERGENCY CONTACT: (someone other than parents)

Name _____ Phone _____

Relationship to Child _____

CHILD INFORMATION:

Child's Name _____ Gender _____

Date of Birth _____ Place of Birth _____

Name of School attending _____ Grade _____

Date of Baptism _____ *If made at other than Saint Matthew Church, a copy of Baptism Certificate is required.*

Church of Baptism _____ City and State _____

Date of First Communion _____

Church of First Communion _____ City and State _____

_____ Check here if your child has special needs. *Please list on back*
(Learning disabilities, family situations, medical such as allergies, physical limitations, etc.)

If entering a grade higher than Grade 1: Did your child previously attend religious instruction? YES NO

If YES, where? _____ What grade did your child complete? _____

I/We understand that I/we must be registered members of Saint Matthew Parish and attend Mass regularly.

Signature _____

Place this form in an envelope marked "Religious Education" and drop it in the collection basket or mail it to the above address.

OFFICE USE ONLY:

Date Paid _____ Amt. Paid _____ Cash/Check # _____ Taken by _____