

# St. Matthew's Catholic Church

1773 Blanding Blvd. Jacksonville, FL 32210

## 2009-2010 Registration Form For Religious Education

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade this year \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Religion \_\_\_\_\_

E-Mail Address \_\_\_\_\_

School student currently attends \_\_\_\_\_

Health Conditions/Problems we should be aware of: \_\_\_\_\_

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Date and Place of Baptism \_\_\_\_\_

(Copy of Baptismal Certificate Required)

Numbers of years student has attended Religious Education classes \_\_\_\_\_

School/Parish Religious Education classes last attended \_\_\_\_\_

Has student made any of the following Sacraments?

Y/N	Sacrament	Date	Parish & Place
_____	Reconciliation	_____	_____
_____	Eucharist	_____	_____
_____	Confirmation	_____	_____

Student is in need of Sacramental Preparation for: \_\_\_\_\_

If you would like your child to participate in sacramental preparation for Reconciliation, First Eucharist or Confirmation you must also fill out a sacramental registration form. Please call our office at 388-1207 to have the necessary form sent to you.

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### Parent/Guardian Information

Father \_\_\_\_\_ Mother \_\_\_\_\_

Business \_\_\_\_\_ Business \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Religion \_\_\_\_\_ Religion \_\_\_\_\_

Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_

Is student living with this parent? \_\_\_\_\_ Is student living with this parent? \_\_\_\_\_

In the event of an emergency and you are unable to reach me please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_

Registration Fee: Before August 27: \$35.00 per student. After August 27: \$45.00 per student.

Please mail or bring this form with registration fees to the Church Office.

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Check # \_\_\_\_\_ Cash \_\_\_\_\_ Family registered in Parish? \_\_\_\_yes \_\_\_\_no