

St. Matthew's Catholic Church

1773 Blanding Blvd. Jacksonville, FL 32210

2011-2012 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 _____ Mom Cell Phone _____

Dad Cell Phone _____ Religion _____

E-Mail Address _____

School student currently attends _____

Health Conditions/Problems we should be aware of: _____

Date and Place of Baptism _____

(Copy of Baptismal Certificate Required)

Numbers of year's 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.

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 11: \$42.00 per student. After August 11: \$52.00 per student.

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

Check # _____ Cash _____ Family registered in Parish? ____yes ____no



St. Matthew's Catholic Church

1773 Blanding Boulevard • Jacksonville, FL 32210 • 904-388-1207
Office of Religious Education & Youth Ministry

HOW CAN WE BEST CONTACT YOU?

(Only one form per family is necessary)

Parents Names _____

Children's Names _____

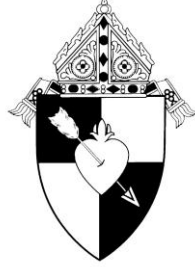
E-Mail address

In an effort to go green and cut back on postage we will be sending all notices, newsletters and other correspondence through e-mail.

If you do not have an e-mail, please indicate how you would prefer to be notified.

We will also have information on Facebook. Become a fan of St. Matthew's Religious Education

You can also follow us on Twitter - @StMatthewsJax



Diocese of Saint Augustine

Catholic Center
11625 Old St. Augustine Road
Jacksonville, Florida 32258
(904) 262-3200

Child Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed): _____

Parent or Guardian Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____