

**St. Matthew Parish CCD Program Registration
Preschool through Grade 8**



Fee: **\$60.00** - 1 child; **\$50.00** - each additional child
Make checks payable to: *St. Matthew Parish*

For Office Use:

Amount paid: _____

Cash - or Check # _____

Date paid: _____

Referred to Parish Office: _____

Father's Name: _____ Religion: _____

Father's e-mail address: _____

Mother's Name: _____ Religion: _____

Mother's e-mail address: _____

ADDRESS: _____
[where student(s) reside] (Street)

(City, State, Zip Code)

PHONE #(s): _____
(Home) (cell phone)

ALTERNATE ADDRESS (if applicable): _____

Are you registered members of St. Matthew Parish? Father _____ Mother _____

EMERGENCY CONTACT INFORMATION:

PRESCHOOL PARENTS: During CCD classes, parent(s)/guardian(s) can be contacted at:

_____ @ church / coffee in Parish Center - OR - @ Phone: _____

GRADES K-8 PARENTS: During CCD classes, parent(s)/guardian(s) can be reached at:

Phone: _____ Cell phones: _____

In case parent/guardian cannot be reached, the following person(s) should be contacted (please list name of person, relationship, phone number):

Re: PHOTOGRAPHING OR VIDEOTAPING

I understand that St. Matthew Parish takes photographs, audio or videotape recordings of children &/or adults involved in parish activities. Such photographs or audio/videos may be used by staff and participants to remember the activities or participants. Such photos/videos may be used in St. Matthew Parish publications or advertizing materials to let others know about our parish. In addition, local news organizations (e.g., Catholic Post, News-Gazette) may be allowed to photograph or record our events to be used, distributed, or displayed as agents of the parish see fit. This consent includes but is not limited to: photographs, videotape, and audio.

Signature of Parent/Guardian _____ Date _____

①

NAME: _____ Sex: M F
(LAST, First, M.I. -- include Nickname, if applicable)

Date of Birth: _____ Age: _____ Grade level: _____ School: _____

Sacraments Received: Baptism _____ Penance _____ Eucharist _____ Confirmation _____

NOTE: Copy of Baptismal certificate must be on file with CCD Office.

➔ **Indicate approximate date if Baptism was received at St. Matthew Parish:** _____

List any food allergies: _____

Does your child have a physical or cognitive difficulty? _____

Does your child have an aide during the school week? YES NO

List any physical/developmental/emotional needs that will help us in teaching your child: _____

②

NAME: _____ Sex: M F
(LAST, First, M.I. -- include Nickname, if applicable)

Date of Birth: _____ Age: _____ Grade level: _____ School: _____

Sacraments Received: Baptism _____ Penance _____ Eucharist _____ Confirmation _____

NOTE: Copy of Baptismal certificate must be on file with CCD Office.

➔ **Indicate approximate date if Baptism was received at St. Matthew Parish:** _____

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Does your child have an aide during the school week? YES NO

List any physical/developmental/emotional needs that will help us in teaching your child: _____

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NAME: _____ Sex: M F
(LAST, First, M.I. -- include Nickname, if applicable)

Date of Birth: _____ Age: _____ Grade level: _____ School: _____

Sacraments Received: Baptism _____ Penance _____ Eucharist _____ Confirmation _____

NOTE: Copy of Baptismal certificate must be on file with CCD Office.

➔ **Indicate approximate date if Baptism was received at St. Matthew Parish:** _____

List any food allergies: _____

Does your child have a physical or cognitive difficulty? _____

Does your child have an aide during the school week? YES NO

List any physical/developmental/emotional needs that will help us in teaching your child: _____

④

Name: _____
(LAST, First, M.I. -- include Nickname, if applicable)

Date of Birth: _____ Age: _____ Gender: Male Female

School: _____ Grade level: _____

Sacraments Received: Baptism _____ Penance _____ Eucharist _____ Confirmation _____

➔ **NOTE: Copy of Baptismal certificate must be on file with CCD Office.**
Indicate approximate date if Baptism was received at St. Matthew Parish: _____

List any food allergies: _____

Does your child read/comprehend at grade/age level? YES NO
Does your child have an aide during the school week? YES NO
Does your child have a physical or cognitive difficulty? _____

List any physical/developmental/emotional needs that will help us in teaching your child: _____

⑤

Name: _____
(LAST, First, M.I. -- include Nickname, if applicable)

Date of Birth: _____ Age: _____ Gender: Male Female

School: _____ Grade level: _____

Sacraments Received: Baptism _____ Penance _____ Eucharist _____ Confirmation _____

➔ **NOTE: Copy of Baptismal certificate must be on file with CCD Office.**
Indicate approximate date if Baptism was received at St. Matthew Parish: _____

List any food allergies: _____

Does your child read/comprehend at grade/age level? YES NO
Does your child have an aide during the school week? YES NO
Does your child have a physical or cognitive difficulty? _____

List any physical/developmental/emotional needs that will help us in teaching your child: _____