

# GRADES Kindergarten - 12

## St. Matthew Catholic Church Religious Education Registration (2011-2012)

For Office Use:	
Date Registered	Check #
Tuition Total	Amount Paid

FAMILY NAME: \_\_\_\_\_ Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

ARE YOU A REGISTERED PARISHIONER AT ST MATTHEW'S?  Yes Envelope # \_\_\_\_\_  
 No Registered at \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City Zip Code

Home Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ / \_\_\_\_\_  
Father cell Mother cell

Parents Marital Status:  Married  Separated  Divorced  Widowed  Single

Child(ren) resides with:  Both Parents  Mother  Father  Other (Specify name & relationship) \_\_\_\_\_

Correspondence should be addressed to:  Mr. and Mrs.  Mr.  Mrs.  Ms.  Miss \_\_\_\_\_

WERE YOUR CHILDREN REGISTERED DURING THE 2010-2011 ACADEMIC YEAR?  Yes  No if no, where were they enrolled: \_\_\_\_\_

**Please CHECK if your child has received:**

	Student's Full <b>Legal</b> Name			M	F	Date of Birth	Grade entering Fall 2011	Name of School	Baptism	First Confession	Holy Communion	Confirmation
	Last	First	M.I									

Please note any allergies, medications or other pertinent physical information. Also note any **learning disabilities, emotional or psychological problems and special learning requirements.** \_\_\_\_\_

**CLASS PREFERENCE:** Please indicate your class day and time preference.

Requests will be honored on a first received, first placed basis.

**Grades K-1**      \_\_\_\_\_ **Tuesday**      **5:00-6:15 p.m.**      or      \_\_\_\_\_ **Home School**

**Grades 2-6**      \_\_\_\_\_ **Tuesday**      **5:00-6:15 p.m.**      or      \_\_\_\_\_ **Wednesday**      **6:00-7:15 p.m.**

**Grades 7-8**      \_\_\_\_\_ **Tuesday**      **7:00-8:15 p.m.**      or      \_\_\_\_\_ **Wednesday**      **6:00-7:15 p.m.**

**Grades 9-12**      \_\_\_\_\_ **Tuesday**      **7:00-8:15 p.m.**

**TUITION:\***

One Child	\$ 50.00
Two Children	\$ 100.00
Three or More Children	\$ 125.00

\* If you volunteer to be a Catechist, Aide or Safety Monitor and are assigned a position the Tuition Fee is waived.

Please make checks payable to *St. Matthew*. Registration forms and payment may be dropped off or mailed to:

St. Matthew Religious Education Program  
8200 Robert E Lee Drive  
Spotsylvania, VA 22551  
540-582-5575

The success of our Religious Education Program depends on many volunteers.

I will help with the following:

CATECHIST       CATECHIST AIDE       SAFETY MONITOR       SUBSTITUTE

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_