



Saint Matthew Catholic Church
Religious Education Registration Form 2018-2019
25 Wilkins Rd., Winder, GA 30680
770-867-4876



ALL APPLICANTS MUST BE REGISTERED AT
SAINT MATTHEW

EDGE FEES: **\$35 Per Family plus any
additional fees that may apply.**

STUDENT INFORMATION:

Name: _____
Address: _____
Student Email: _____
Student Cell: _____ Student Home: _____
Student Date of Birth: _____ Male: _____ Female: _____
2018-2019 Grade Level: _____ School Attending 2018-2019: _____
Health Concerns/Allergies/Special Needs: _____

PARENT OR GUARDIAN INFORMATION

Mothers Name: _____ Maiden Name: _____
Address (If different from students) _____
Religion: _____ Home Number: _____
Cell Number: _____ Work Number: _____
Email Address: _____
Fathers Name: _____
Address (If different from students) _____
Religion: _____ Home Number: _____
Cell Number: _____ Work Number: _____
Email Address: _____

Emergency Contact Person: _____
Relationship to Student: _____ Phone Number: _____

SACRAMENT INFORMATION

Please Circle Yes or No

Baptism: YES or NO First Communion: YES or NO Reconciliation: YES or NO

**Notice of Training of Children under the updated Policy of the
Archdiocese of Atlanta Concerning the Protection of Children and
Vulnerable Individuals**

_____ I hereby grant my approval for my child to attend the archdiocesan training which will be conducted in the small group session on a designated Edge night.

_____ I hereby decline to grant approval for my child to attend the archdiocesan training, but I understand that as the primary educator of my child the Church requests that I certify that I have provided such training to my child within the family.

Parent Signature: _____

All the materials are available in the Parish Office during office hours or online: www.saintmatthewcc.org
The policy of the Archdiocese of Atlanta maintains that parishes and parish sponsored events are both weapon free.

PHOTOGRAPHY & VIDEO PERMISSION FORM

_____ I hereby *grant permission* for my child to be photographed and/or videotaped during Youth Ministry Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting youth programs at Saint Matthew Catholic Church and our web site.

_____ I hereby *decline* to grant permission for my child to be photographed and/or videotaped during Youth Ministry activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify Youth Minister and/or Core Members that he/she may not be photographed and or videotaped under any circumstances.

Parent's Name: _____

Parent's Signature: _____

Date: _____

OFFICE USE ONLY

STUDENT ENTERED IN PARISHSOFT: YES or NO BAPTISMAL ENTER IN PARISHSOFT: YES or NO

AMOUNT PAID: \$ _____ RECEIPT #: _____ DATE PAID: _____

CHECK # _____ CASH _____ ENTER PAYMENT IN PARISHSOFT: YES or NO BY: _____

NOTES: _____