



**OFFICE USE ONLY**

1st Year: \_\_\_\_\_ 2nd Year: \_\_\_\_\_

Squad: \_\_\_\_\_



Leading Teens Closer to Christ

**Registration Fee: \$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 above) \_\_\_\_\_

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Religion: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (If different from above) \_\_\_\_\_

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Religion: \_\_\_\_\_ Email: \_\_\_\_\_

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

Confirmation: YES or NO **Confirmation registration for students 10th-12th grade only and must fill out additional registration form.**

**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 LifeTeen night.

\_\_\_\_\_ I 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](http://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:** \_\_\_\_\_

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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 \_\_\_\_\_ BY: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_