

St. Matthew Catholic Church
P.O. Box 49349
Charlotte, NC 28277
(704) 541-8362
faithform@stmatthewcatholic.org

REGISTRATION FORM
FAITH FORMATION
2009-2010

FOR OFFICE USE ONLY

DATE: _____
CHECK #: _____
CHECK \$: _____
CASH \$: _____

Date: _____

Registered at St. Matthew Catholic Church? **Y N** PARISH ID# _____

Note: Only registered participating parishioners of St. Matthew may be accepted into the Faith Formation program

(FAMILY LAST NAME)

(PHONE)

(ADDRESS)

(CELL PHONE)

(CITY) (STATE) (ZIP)

(E-MAIL)

PARENTS/GUARDIANS

FATHER

MOTHER

NAME: _____

NAME (FIRST & Maiden): _____

Place of Employment: _____

Place of Employment: _____

Business Phone: _____

Business Phone: _____

Religion: _____

Religion: _____

LOCAL EMERGENCY CONTACT

NAME: _____

PHONE: _____

NAME OF PHYSICIAN _____

PHONE _____

MEDICAL INSURANCE COMPANY _____

POLICY # _____

IF I CANNOT BE REACHED IN CASE OF AN EMERGENCY THE BEARER OF THIS FORM IS AUTHORIZED TO ACT ON MY BEHALF TO SEEK MEDICAL TREATMENT AS THEY DEEEM NECESSARY FOR THE CHILD LISTED ON THE INSIDE OF THIS REGISTRATION*

FAMILY COVENANT

We invite you to share your faith by participating at Mass, praying as a family, bringing children to class, participating as a substitute/volunteer and respecting people and property. Your faith is a living testament to your children: embrace it, show it and, most importantly, share it.

I give permission to use my child's picture in Parish & Diocesan publications.

*Signature of Parent/Guardian

DATE _____

REGISTRATION FEES

Payment is expected at time of registration

For Faith Formation Students:

1 CHILD \$100.00 _____
2 CHILDREN \$125.00 _____
3 OR MORE \$150.00 _____

1st Eucharist/Reconciliation additional fee

\$50.00 _____

TOTAL: \$ _____

For Catholic School Students:

MACS-Grade 2 Fee \$50.00 _____
Confirmation \$100.00 _____

TOTAL: \$ _____

PLEASE NOTE: Registration fee is waived for catechists/volunteers and confidentially waived for anyone who expresses financial hardship.

PRESCHOOL—7TH GRADE RELIGIOUS EDUCATION—FAITH FORMATION, All classes held at St. Matthew School unless otherwise noted:

*Preschool - To enter 3yr. old (P3) class or 4yr. old (P4) class, child must be 3 or 4 on or before 8/31/09
 To enter Kindergarten class, child must be 5 on or before 8/31/09

Sunday	9:00 am (Mass)	P3 ___	P4 ___	Kindergarten ___
Sunday	10:45 am (Mass)	P3 ___	P4 ___	Kindergarten ___
Monday	3:00-4:15 pm	Grades K-3 (held in Parish Center)		
Monday	4:45-6:00 pm	Grades K-3 (held in Parish Center)		
Monday	5:00-6:15 pm	Grades K-7		
Monday	7:00-8:15 pm	Grades K-7		
Tuesday	4:30-5:45 pm	Grades K-7		
Tuesday	6:30-7:45 pm	Grades K-7		
Wednesday	5:00-6:15 pm	Grades K-7		
Wednesday	7:00-8:15 pm	Grades K-7		

SPECIAL SACRAMENT - Grade 3 and above who have not received First Reconciliation and First Eucharist and have completed one year in Faith Formation.

Monday 7:00-8:15 pm _____ **Wednesday 5:00-6:15 pm** _____

ANNE'S ANGELS/SPRED - Classes for the developmentally disabled of all ages **Class Time TBA** _____

GRADE 2 CATHOLIC SCHOOL STUDENTS

Preparation for First Reconciliation and First Eucharist (Grade 2) *No class time _____

Note: 2 Mandatory Parent's meetings and Retreats are required by the Diocese for all participants

STUDENT INFORMATION

1. CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ SCHOOL ATTENDING _____

BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2009 _____

MALE/FEMALE _____ BAPTISM Y N @ CHURCH _____ IN CITY/STATE _____

RECONCILIATION Y N EUCHARIST Y N CONFIRMATION Y N

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE) : K 1 2 3 4 5 6 7 8

MEDICAL HISTORY (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

___ ASTHMA ___ DIABETES ___ CONVULSIONS ___ EPILEPSY ___ ADD/ADHD ___ OTHER _____

ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

___ MEDICINES ___ INSECT BITES/STINGS ___ FOOD ___ ANIMALS ___ PLANTS ___ OTHER _____

PLEASE SPECIFY IF ANY ARE CHECKED _____

2. CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ SCHOOL ATTENDING _____

BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2009 _____

MALE/FEMALE _____ BAPTISM Y N @ CHURCH _____ IN CITY/STATE _____

RECONCILIATION Y N EUCHARIST Y N CONFIRMATION Y N

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE) : K 1 2 3 4 5 6 7 8

MEDICAL HISTORY (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

___ ASTHMA ___ DIABETES ___ CONVULSIONS ___ EPILEPSY ___ ADD/ADHD ___ OTHER _____

ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

___ MEDICINES ___ INSECT BITES/STINGS ___ FOOD ___ ANIMALS ___ PLANTS ___ OTHER _____

PLEASE SPECIFY IF ANY ARE CHECKED _____

3. CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ SCHOOL ATTENDING _____

BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2009 _____

MLE/FEMALE _____ BAPTISM Y N @ CHURCH _____ IN CITY/STATE _____

RECONCILIATION Y N EUCHARIST Y N CONFIRMATION Y N

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE) : K 1 2 3 4 5 6 7 8

MEDICAL HISTORY (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

___ ASTHMA ___ DIABETES ___ CONVULSIONS ___ EPILEPSY ___ ADD/ADHD ___ OTHER _____

ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

___ MEDICINES ___ INSECT BITES/STINGS ___ FOOD ___ ANIMALS ___ PLANTS ___ OTHER _____

PLEASE SPECIFY IF ANY ARE CHECKED _____

8TH GRADE / CONFIRMATION / RCIA FOR TEENS / LIFE TEEN

GRADE 8—Required for Confirmation, (unless currently enrolled at Holy Trinity) - 2 Options

1. Traditional 8th Grade Class—Utilizes a classroom setting

Monday 5:00-6:15 pm _____ Grade 8
Monday 7:00-8:15 pm _____ Grade 8
Tuesday 4:30-5:45 pm _____ Grade 8
Wednesday 5:00-6:15 pm _____ Grade 8

2. The EDGE - Utilizes an interactive approach with small and large group activities in a non-traditional setting

Tuesday 6:30-7:45 pm _____ Grade 8 The EDGE
Wednesday 7:00-8:15 pm _____ Grade 8 The EDGE (Parish Center)

CONFIRMATION - For all students who have completed the 8th grade Religion Program. Students will be placed with last year’s class group unless you indicate otherwise or catechist is teaching the other session.

SUNDAY 10:30-1:30 PM _____ 5:30-8:30 PM _____ _____ Change to new class group

RCIA FOR TEENS TBA _____

LIFE TEEN: Sunday: LifeTeen Mass - 5:30-6:30pm; Life Nights - 6:45-8:30pm. Grades 9-12
Check bulletin for various weekly events (ie. Bible Study, Tutoring, etc.)

PEER MINISTRY _____ Serves as weekly volunteer in Faith Formation program.

STUDENT INFORMATION

1. CHILD’S LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ SCHOOL ATTENDING _____

BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2009 _____

MALE/FEMALE _____ BAPTISM Y N @ CHURCH _____ IN CITY/STATE _____

RECONCILIATION Y N EUCHARIST Y N CONFIRMATION Y N

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE) : K 1 2 3 4 5 6 7 8

MEDICAL HISTORY (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

_____ ASTHMA _____ DIABETES _____ CONVULSIONS _____ EPILEPSY _____ ADD/ADHD _____ OTHER _____

ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

_____ MEDICINES _____ INSECT BITES/STINGS _____ FOOD _____ ANIMALS _____ PLANTS _____ OTHER _____

PLEASE SPECIFY IF ANY ARE CHECKED _____

2. CHILD’S LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ SCHOOL ATTENDING _____

BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2009 _____

MALE/FEMALE _____ BAPTISM Y N @ CHURCH _____ IN CITY/STATE _____

RECONCILIATION Y N EUCHARIST Y N CONFIRMATION Y N

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE) : K 1 2 3 4 5 6 7 8

MEDICAL HISTORY (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

_____ ASTHMA _____ DIABETES _____ CONVULSIONS _____ EPILEPSY _____ ADD/ADHD _____ OTHER _____

ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

_____ MEDICINES _____ INSECT BITES/STINGS _____ FOOD _____ ANIMALS _____ PLANTS _____ OTHER _____

PLEASE SPECIFY IF ANY ARE CHECKED _____

3. CHILD’S LAST NAME _____ FIRST _____ MIDDLE _____

NICKNAME _____ SCHOOL ATTENDING _____

BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2009 _____

MALE/FEMALE _____ BAPTISM Y N @ CHURCH _____ IN CITY/STATE _____

RECONCILIATION Y N EUCHARIST Y N CONFIRMATION Y N

ATTENDED FAITH FORMATION OR CATHOLIC SCHOOL (CIRCLE) : K 1 2 3 4 5 6 7 8

MEDICAL HISTORY (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

_____ ASTHMA _____ DIABETES _____ CONVULSIONS _____ EPILEPSY _____ ADD/ADHD _____ OTHER _____

ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)

_____ MEDICINES _____ INSECT BITES/STINGS _____ FOOD _____ ANIMALS _____ PLANTS _____ OTHER _____

PLEASE SPECIFY IF ANY ARE CHECKED _____

VOLUNTEER for FAITH—YOUR TIME AND TALENT ARE A TREASURE

The success of our programs is possible only because of volunteers.

We would appreciate your help in any of the areas below.

All are required to attend Protecting God's Children Workshop and complete all Diocesan legal requirements.

**FAITH FORMATION CLASSES
Preschool/Grades K-8/Confirmation**

_____ **Co-Teacher** - 2 catechists per class; August trainings, Catechists' Enrichment including CRP classes required.

Grade level: _____ Day/Time: _____ Co-Teacher Name: _____

Do you want to teach your child? Y N

_____ **The Edge Core Team**—Small group leaders in weekly Edge nights.

Day/Time: _____ Co-Teacher Name: _____

_____ **Xtreme Edge Support** - Support system for monthly Middle School Service/Social activity.

_____ **Session Volunteer** - Arrives 20-30 minutes before class and stays 10 minutes past dismissal.
Responsible for a variety of duties in carpool, classroom and projects.

Day/Time: _____

_____ **Nursery Caretaker** - Arrives 20-30 minutes early and stays up to 15 minutes past dismissal.
Cares for catechists' and volunteers' children.

Day/Time: _____

**YOUTH MINISTRY
Life Teen (Grades 9-12)**

_____ **Life Teen Core Team** - Relational Ministry with teens— Plans and implements Sunday night
(Fee waived) Life Nights and annual retreat. We do not use parents of high school teens
in this role, but we need you for:

=====

_____ **Life Support** - Support System of Youth Ministry/Life Teen
_____ Kitchen Crew (Serves snacks at Sunday night Life Nights) _____ Provide snacks

_____ Setup/Tear down Crew (Before and/or after Sunday night Life Nights)

_____ Service Crew - Coordinate various service opportunities for high school teens
(Tutoring program, Off-site activities, etc.)

_____ **Other service you could provide to support our Youth Ministry Programs**