

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

REGISTRATION FORM
FAITH FORMATION
2010-2011

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 8/31/10
To enter Kindergarten class, child must be 5 on or before 8/31/10*

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		

8TH GRADE—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 am** ____ **5:30-8:30 pm** ____ ____ **Change to new class group**

SPECIAL SACRAMENT—Grade 4 and above who have not received First Reconciliation and First Eucharist and have completed one year of Faith Formation

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

BIBLE & CHURCH (BC)—Grade 8, 9 & 10 who have received Sacraments of Baptism, Reconciliation, and Eucharist but not attended classes since reception of First Eucharist

Monday 7:00-8:15pm ____ **Tuesday 6:30-7:45 pm** ____ **Wednesday 7:00-8:15 pm** ____

RCIA FOR TEENS—Grades 10 and above who have not received Sacraments of Baptism, Reconciliation, and Eucharist

Monday 7:00-8:15 ____

ANNE’S ANGELS/SPRED—Classes for the developmentally developed of all ages

Sunday 10:00-12:00 ____

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LIFE TEEN (High School): 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 (High School) ____ Serves as a small group facilitator for the Confirmation program.

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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

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STUDENT INFORMATION

1. CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ SCHOOL ATTENDING 2010 _____
BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2010 _____
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 2010 _____
BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2010 _____
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)
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ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)
____ MEDICINES ____ INSECT BITES/STINGS ____ FOOD ____ ANIMALS ____ PLANTS ____ OTHER _____
PLEASE SPECIFY IF ANY ARE CHECKED _____
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3. CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ SCHOOL ATTENDING 2010 _____
BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2010 _____
MALE/FEMALE _____ BAPTISM Y N @ CHURCH _____ IN CITY/STATE _____
RECONCILIATION Y N EUCHARIST Y N CONFIRMATION Y N
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ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)
____ MEDICINES ____ INSECT BITES/STINGS ____ FOOD ____ ANIMALS ____ PLANTS ____ OTHER _____
PLEASE SPECIFY IF ANY ARE CHECKED _____
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4. CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ SCHOOL ATTENDING 2010 _____
BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2010 _____
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
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ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)
____ MEDICINES ____ INSECT BITES/STINGS ____ FOOD ____ ANIMALS ____ PLANTS ____ OTHER _____
PLEASE SPECIFY IF ANY ARE CHECKED _____
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5. CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____
NICKNAME _____ SCHOOL ATTENDING 2010 _____
BIRTH DATE _____ CITY/STATE (BORN) _____ SCHOOL GRADE FALL 2010 _____
MALE/FEMALE _____ BAPTISM Y N @ CHURCH _____ IN CITY/STATE _____
RECONCILIATION Y N EUCHARIST Y N CONFIRMATION Y N
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ALLERGIES (CHECK THOSE THAT APPLY AND ADD SPECIFICS)
____ MEDICINES ____ INSECT BITES/STINGS ____ FOOD ____ ANIMALS ____ PLANTS ____ OTHER _____
PLEASE SPECIFY IF ANY ARE CHECKED _____
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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 adults (18 or over) are required to attend Protecting God's Children Workshop and complete all Diocesan legal requirements. High school volunteers are required to complete the Volunteer Profile form.

FAITH FORMATION CLASSES

Preschool/Grades K-8/Confirmation

August trainings, Catechists' Enrichment including CRP classes required.

_____ **Adult Co-Catechist**- 2 catechists per class (*Do you want to teach your child?*) **Y N NA**

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

_____ **High School Co-Catechist** - 2 catechists per class

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

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

Day/Time: _____ Co-Teacher Name: _____

_____ **Edge High School Core Team**—Small group leaders in weekly Edge nights. (Must be a Junior or Senior)

Day/Time: _____

_____ **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

Xtreme Edge (Grades 6-8) & 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. Attends bi-weekly Core Meeting. We do not use parents of high school teens in this role, but we need you for:

_____ **Xtreme Edge Support** - Support system for monthly Middle School Service/Social activity. (Fee not waived)

_____ I would like to receive information regarding the Parent Life Ministry.

*Parent Life is a new ministry that seeks to serve parents of Middle and High School youth in the parish.