



Sts. Mary & Matthew Faith Community
FAITH FORMATION & YOUTH MINISTRY
REGISTRATION FORM 2022-2023



FAMILY INFORMATION: Elementary School (Gr K-5) Middle School (Gr 6-8) High School (Gr 9-12)

Family Last Name: _____

Father's Name: _____

Cell: _____

Mother's Name: _____

Cell: _____

Mother's Email: _____ Father's Email: _____

Child's Primary Address: _____

Town, ST, Zip: _____

Home Phone: _____

Emergency Contact & Phone: _____

STUDENT #1 INFORMATION

Child Name: _____

Gender: M / F

Birth Date: _____

Grade: _____

Special Needs (*Medical, Physical, Learning, Allergies, Concerns*):

Sacrament Details Date and Location

Baptism: _____

Eucharist: _____

Reconciliation: _____

Confirmation: _____

STUDENT #2 INFORMATION

Child Name: _____

Gender: M / F

Birth Date: _____

Grade: _____

Special Needs (*Medical, Physical, Learning, Allergies, Concerns*):

Sacrament Details Date and Location

Baptism: _____

Eucharist: _____

Reconciliation: _____

Confirmation: _____

STUDENT #3 INFORMATION

Child Name: _____

Gender: M / F

Birth Date: _____

Grade: _____

Sacrament Details Date and Location

Baptism: _____

Eucharist: _____

Reconciliation: _____

Confirmation: _____

Special Needs (Medical, Physical, Learning, Allergies, Concerns):

NOTE: If any of your children were **baptized outside of this Faith Community**, you will need to supply a copy of their baptismal certificate for our files (if you have not already done so). Thank you.

PERMISSION AND RELEASE FORM

- I, the undersigned parent or guardian of _____ give permission for participation in the activities at the parish in which the child is registered for Faith Formation. In the event of an accident or illness, I hereby grant permission to a volunteer representative or a staff member to act as an agent for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. On the behalf of my child, I assume all risk of personal injury, damage, and expense as the result of participation.
(please check box)
- I also give permission for the use of photographs of and including my child to be used in church publicity.
(please check box)

Health Insurance Co. _____ Policy # _____

Physician: _____ Phone: _____

Signature of Parent/Guardian _____ Date _____

COST: There is a **\$25 fee per child** to cover the cost of materials. **\$60 family maximum**. Please make checks payable to St. Matthew or St. Mary Church and write Faith Formation in memo line. THERE IS NO REGISTRATION FEE FOR GR. 6-12 YOUTH MINISTRY, as other fees may arise.

Please return completed form and payment in the collection basket (marked Faith Formation or Youth Ministry) or mail to:

Jeanette W. Housecamp, DRE
St. Matthew Church
6591 Richmond Mills Rd.
PO Box 77
Livonia, NY 14487

FOR OFFICE USE ONLY

Date _____

Amt. pd. Cash _____ Ck# _____ Initials _____