



2018-19 Registration Form: Please return by September 19, 2018.

Step One: Welcome! Please Provide Household Information.

Household Name(s) _____
 Street Address _____
 City _____ Zip Code _____ Home Phone _____
 Cell Phone _____ Email _____

Step Two: List Adults Registering.

First Name	Last Name
_____	_____
_____	_____
_____	_____



Step Three: List Children/Youth Registering. (All participating children/youth must be accompanied by at least one parent/guardian who is registered for the program and onsite during sessions.)**

First Name	Last Name	Date of Birth	Grade level Sept. 2018
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Step Four: Please Let Us Know...

- About any special needs or household arrangements we should be aware of:

- If your household is registering for GOF for the first time: No__ Yes__ (If yes, welcome! Please attach baptismal records for children in your household who have received the sacrament of baptism.)
- If your household is new to our parish: No__ Yes__ (If yes, welcome! Please fill out the parish registration section on the back of this form.)
- Which monthly session your household is planning on attending:
 - o Saturdays, 6-8pm _____ Sundays, 11:30am-1:30pm _____

Step Five: Registration Fee

\$35.00 per person (Maximum fee per household is \$140.00. Children aged four and under are free!) Cost should never prevent participation. If cost is an issue, please contact Joy Galarneau, Pastoral Associate for Faith Development. (518-765-2805 / stmatthewsfaitdevelopment@verizon.net) All conversations will be treated with sensitivity and confidentiality.

- Number of people in your household registering _____ x \$35 = \$ _____ (max \$140.00)
- Preferred method of payment: cash _____ check* _____ credit card** _____
 - o *Please make checks payable to: ST. MATTHEW'S CHURCH.
 - o **If you choose to pay by credit card, we will send you an email with a link to pay via credit card. Please share the email you wish us to use: _____

Parish Registration – Welcome to St. Matthew’s!

Household Name _____

How would you prefer your mail be addressed? _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____

Home Phone _____ (Unlisted?) Cell _____ Email _____

Please share any special circumstances or household arrangements we should be aware of:

Do you wish to receive weekly Parish Contribution Envelopes? Yes _____ No _____

Would you prefer E-Giving? (We will email you the necessary paperwork) Yes _____ No _____

Do you wish to receive *The Evangelist*, our Diocesan Newspaper? Yes _____ No _____

Do you go away for part of the year? Yes ___ No ___ If yes, approximate dates _____ to _____

If yes, during this time, _____ and _____ .

Please list all current members of your household:

	Head 1	Head 2	___Other Adult ___Child	___Other Adult ___Child	___Other Adult ___Child	___Other Adult ___Child
First Name						
Nickname						
Last Name						
Date of Birth						
Religion						
Occupation						
Company or School						
Business Phone						
Present Grade (Children only)						
Sex	M F	M F	M F	M F	M F	M F
Sacraments Received	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage
Personal Status*						

*M=Married; S=Single; W=Widowed; D=Divorced; Sep=Separated; R=Member of Religious Order

For Office Use Only:

Paid: check _____ cash _____ credit card _____ Posted ___/___/___ Staff Initials _____