St. Mary's & St. Matthew Parish Cluster
All Faith Formation, Youth Ministry, Sacramental Preparation & Sunday Mass Programs (CLoW, etc)
Registration Form 2010-2011

Family Name ________________________ Address ___________________________________Town_____________________ Zip ___________

Phone Number __________________________________ Family E-Mail Address ____

Father's Name _____________________ Religion _____________ Mother's First & Maiden Name ____________________ Religion ____________

(Work or cell phone #) ________________________________ (Work or cell phone #) __________________________________
(Father) (Mother)

Child(ren) live primarily with ☐Dad ☐Mom ☐Both ☐Other __________________

Registered at St. Matthew Church (circle) Yes No Attending Mass regularly Yes No

Registered at St. Mary's Church (circle) Yes No Attending Mass regularly Yes No

† †

St. Mary's Programs – Registration

Name / Date of Birth / Grade in '10-'11 **Program(s) registering for: (ie CLoW & Faith Formation Gr. 1)**

1. ____ ____

2. ____ ____

3. ____ ____

4. ____ ____

† †

St. Matthew Programs – Registration

Name / Date of Birth / Grade in '10-'11 **Program(s) registering for: (ie CLoW & Family Faith Formation)**

1. ____ ____

2. ____ ____

3. ____ ____

4. ____ ____