

**St. Matthias Christian Formation: 4K – 11th Grade**

**Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish Member at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fee for one child in Christian Formation (4k-10th):** $125 (Parishioner) $175 (Non Parishioner) (how many):\_\_\_\_\_

**Fee for one child in Confirmation (11th):** $215 (Parishioner) $255 (Non Parishioner) (how many):\_\_\_\_\_

**Total fees due:** Children in (4k-10th): \_\_\_\_\_ x $125 or $175 + Confirmation children (11th): \_\_\_\_ x $215 or $255 **= \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Throughout the year parents/guardians may volunteer as a way to help reduce the cost of fees (i.e. festival, retreats, service projects, etc.). Please contact Brian Jens or Tom Gallagher for the Parent Volunteer Form.**

**After a parent/guardian volunteers for a minimum of 4 hours and submits those hours to Brian Jens or Tom Gallagher via the Parent Volunteer Form, they will receive credit of $25/child in the family.**

**Please Note: NO family or child will be turned away because of their financial situation.**

The parish helps cut the cost of the program through envelope contributions. The program fees help to cover the remaining costs.

*If you would like to request financial assistance for Christian Formation fees, please contact Brian Jens or Tom Gallagher at 414-321-0893 for an application for the St. Matthias Endowment Fund.*

**Please indicate your chosen option for payment of program fees:**

**🞏 Program fees paid in full by the first day of the program (September 10th, 2017)**

**🞏 Program fees paid in two (2) installments- 50% payment by the first day of the program (Sept. 10th, 2017) and 50% payment by January 2018**

**🞏 Program fees paid in four (4) installments – with the first 25% payment by the first day of the program (Sept. 10th, 2017) and each additional 25% payment due by November 2017, January 2018, and March 2018**

**\*\* Program fees can be paid by cash, check, or credit/debit card (if using credit or debit, please visit the link below):\*\*** [**https://stmatthias-milw.weshareonline.org/index.aspx**](https://stmatthias-milw.weshareonline.org/index.aspx) - Scroll down to see tabs “Children’s Ministry Payment,” “Children’s Ministry Fees,” or “High School Christian Formation Fees.”

**Signature of Parent/Guardian** **Date**

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**Parent Information**

**Parent/Guardian #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home/Work Cell **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street City State Zip

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home/Work Cell **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street City State Zip

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status:** \_\_\_\_\_Married \_\_\_\_\_Separated \_\_\_\_\_\_Widowed \_\_\_\_\_Divorced \_\_\_\_\_Single

Name of Primary Guardian if separated or divorced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Filled out by Parish Staff:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registration Received** |  | **-----** | **-----** | **-----** |
| **Date Paid** |  |  |  |  |
| **Method of Payment** |  |  |  |  |
| **Check Number** |  |  |  |  |
| **Amount Paid** | **$** | **$** | **$** | **$** |

**Children’s Information**

**1. Child’s Full Name (First, Middle, and Last)\_\_\_\_\_\_\_\_\_\_** \_\_\_\_**Grade in Fall 2017**\_\_\_\_\_\_

**Male □ Female □ Birthdate (include year)** **\_\_\_/\_\_\_/\_\_\_\_\_** **School \_\_\_\_\_\_**

**Are there any gaps in your child’s Christian Formation? □ Yes □ No (If yes please provide grades missed): \_\_\_\_\_**

List below any medical or pertinent information we need to know about your child. ***This information will be kept in strict confidence.*** \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sacraments:**

**Baptism □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_**

**Reconciliation □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eucharist □ Yes □ No** **Church (including city/state)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Child’s Full Name (First, Middle, and Last)\_\_\_\_\_\_\_\_\_\_** \_\_\_\_**Grade in Fall 2017**\_\_\_\_\_\_

**Male □ Female □ Birthdate (include year)** **\_\_\_/\_\_\_/\_\_\_\_\_** **School \_\_\_\_\_\_**

**Are there any gaps in your child’s Christian Formation? □ Yes □ No (If yes please provide grades missed): \_\_\_\_\_**

List below any medical or pertinent information we need to know about your child. ***This information will be kept in strict confidence.*** \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Sacraments:**

**Baptism □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_**

**Reconciliation □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eucharist □ Yes □ No** **Church (including city/state)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Child’s Full Name (First, Middle, and Last)\_\_\_\_\_\_\_\_\_\_** \_\_\_\_**Grade in Fall 2017**\_\_\_\_\_\_

**Male □ Female □ Birthdate (include year)** **\_\_\_/\_\_\_/\_\_\_\_\_** **School \_\_\_\_\_\_**

**Are there any gaps in your child’s Christian Formation? □ Yes □ No (If yes please provide grades missed): \_\_\_\_\_**

List below any medical or pertinent information we need to know about your child. ***This information will be kept in strict confidence.*** \_\_\_\_\_\_

\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sacraments:**

**Baptism □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_**

**Reconciliation □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eucharist □ Yes □ No** **Church (including city/state)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**See back side. Please complete entire form.**

**4. Child’s Full Name (First, Middle, and Last)\_\_\_\_\_\_\_\_\_\_** \_\_\_\_**Grade in Fall 2017**\_\_\_\_\_\_

**Male □ Female □ Birthdate (include year)** **\_\_\_/\_\_\_/\_\_\_\_\_** **School \_\_\_\_\_\_**

**Are there any gaps in your child’s Christian Formation? □ Yes □ No (If yes please provide grades missed): \_\_\_\_\_**

List below any medical or pertinent information we need to know about your child. ***This information will be kept in strict confidence.*** \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Sacraments:**

**Baptism □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_**

**Reconciliation □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eucharist □ Yes □ No** **Church (including city/state)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Child’s Full Name (First, Middle, and Last)\_\_\_\_\_\_\_\_\_\_** \_\_\_\_**Grade in Fall 2017**\_\_\_\_\_\_

**Male □ Female □ Birthdate (include year)** **\_\_\_/\_\_\_/\_\_\_\_\_** **School \_\_\_\_\_\_**

**Are there any gaps in your child’s Christian Formation? □ Yes □ No (If yes please provide grades missed): \_\_\_\_\_**

List below any medical or pertinent information we need to know about your child. ***This information will be kept in strict confidence.*** \_\_\_\_\_\_

\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sacraments:**

**Baptism □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_**

**Reconciliation □ Yes □ No Church (including city/state) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eucharist □ Yes □ No** **Church (including city/state)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Release of Information – Photography & Video Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent that any still or electronic image and/or audio recording, in which I or my

(parent/legal guardian name)

child(ren) may appear, may be used by**: St. Matthias** Parish/School and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of **St. Matthias Christian Formation Program**, Parish/School and/or by the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization and other communication efforts. I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the use of this/these photographs by the Archdiocese. I give permission to have my/my child(ren)’s address and phone number published in the school directory.

Name of Parent/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in volunteering as a hall monitor, catechist or assistant catechist? **Please circle if interested.**

If catechist, please indicate preferred grade level\_\_\_\_\_\_\_\_\_\_\_ and we will be in contact with you soon.