St. Mary's & St. Matthew Parish Cluster
All Faith Formation, Youth Ministry, Sunday Children's Programs & Sacramental Preparation
Registration Form 2009-2010

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 #) __________________ (Father)   (Work or cell phone #) ___________________ (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 '09/'10   **Program Selected (ie: CLoW & Faith Formation Gr. 1)**

1. ____   ____

2. ____   ____

3. ____   ____

4. ____   ____

† †

St. Matthew Programs – Registration

Name / Date of Birth / Grade '09/'10   **Program Selected (ie: CLoW & Family Faith Formation)**

1. ____   ____

2. ____   ____

3. ____   ____

4. ____   ____