

St. Matthew Religious Education Registration
(Please Print Clearly)

Office use only

Family Name: _____

Father's Name (First, Last)

Date Received: _____

Amount Due: _____

Amount Received: _____

Balance Due: _____

Paid in Full: _____

R.E.A.P. dues \$5. Paid: _____

Child's Last Name if different

Mother's Name (First, Last & Maiden)

Religious Education Tuition Fee:

Address: _____

() _____ - _____
Phone Number (Home)

[] Preschool only \$40.00

[] One child: \$70.00

[] Two children: \$85.00

[] Three children or more: \$95.00

Development

() _____ - _____
Work Number (Father)

City State Zip

() _____ - _____
Work Number (Mother)

Cell () _____ - _____

E-mail address _____

Are you registered in this parish? Yes [] No [] Not sure []

Child Being Registered:

Name: _____ Age: _____ Date of Birth: _____ / _____ / _____
First Middle Last month day year (1961)

Current School: _____ Grade Level: _____ Religious Education Grade: _____

New Student: [] Yes [] No Address Re-Registration: [] Yes [] No

