

2016/2017 Generations of Faith Registration Form

Family Information

Family Last Name: _____ Home Parish: _____

Parents/Adults Name(s): _____

Mailing Address: _____ City/Zip: _____

Phone: _____ Email: _____

Child(ren)'s Name(s)	Date of Birth	School Attending	Grade (This Fall)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Needs or Family Arrangements that we should be aware of:

Fee Agreement

Make checks payable to: St. Matthew Generations of Faith

Generations of Faith Family Program Fee: \$110.00 before August 31st, 2016

\$125.00 after August 31st, 2016

Note: Generation of Faith Family Program Fees can be paid in full upon registration or per semester. 50% is due at time of registration. The remaining balance is then due by January 31st, 2017.

I agree to pay the registration to St. Matthew Parish for 2016/2017 Generations of Faith. I understand I am responsible regardless of attendance. I understand that payment must be included with registration form and I will not be registered until all fees are paid. I understand and agree that St. Matthew Parish and its staff will assume no responsibility for injuries or medical expenses incurred by my child or myself. We agree to hold harmless, St. Matthew Parish, from liability for injury or damage to person or property as a result of said participation in St. Matthew Parish activities.

Permission to Photograph: St. Matthew staff and volunteers may use pictures containing families, including minors, for the sole purpose of promoting our program here at St. Matthew in the weekly bulletin, parish website, newsletters or articles that may appear in the Compass (the Diocesan newspaper). News Releases will never contain last names of any minors. Addresses and phone numbers will never be released in such publications. This agreement will be considered active and ongoing unless it is cancelled, in writing, by the individual or their parent/guardian. I give permission for St. Matthew Generations of Faith staff and volunteers to photograph members of my family. These photos can be used in the above named news releases from this day forward unless this agreement is cancelled per my request.

Signed: _____ Date: _____

Please return this form and payment to the Parish Office or mail to: 2016/2017 Registration, St. Matthew Parish, 130 St. Matthews Street, Green Bay, WI 54301.

Office Use Only

Generations of Faith Family Program Fee (\$110/\$125)

1st Semester Paid: _____

Date Received: _____ Check #/Cash: _____

2nd Semester Paid: _____

Date Received: _____ Check #/Cash: _____