

CHILDREN'S FAITH FORMATION ST. MATTHEW'S CATHEDRAL 2021-2022

Please print legibly. Do not leave any sections blank.

FAMILY INFORMATION: Is your family registered at St. Matthew's Cathedral? ____ Y ____ N

If your family is not registered at St. Matthew's Cathedral, what is your parish? _____

Child(ren)'s Last Name: _____

Primary Street Address, City, State, Zip: _____

Mother's Full Name (*first & (maiden) & last*): _____
Ex. Mary (Jones) Smith

Mother's Address: [*if different from child(ren)*]: _____

Mother's Email: _____ Mother's Primary Phone: _____

Father's Full Name (*first & last*): _____
Ex. John Smith

Father's Address: [*if different from child(ren)*]: _____

Father's Email: _____ Father's Primary Phone: _____

Mother's Denomination/Religion: _____ Father's Denomination/Religion: _____

CHILD #1 *New families must attach a copy of each child's Baptism certificate to this form.*

First & Middle Name: _____ Sex: ____ M ____ F Grade (2021-2022): ____

Birthdate (mm/dd/yy): _____ Birthplace (city, state, country if not USA): _____

School name: _____

Please check the sacraments this child has received in the **Roman Catholic Church:**

Please include city, state, and country if not USA of parish.

____ Baptism Date: _____ Parish: _____

____ First Reconciliation Date: _____ Parish: _____

____ First Eucharist Date: _____ Parish: _____

____ Confirmation Date: _____ Parish: _____

Chronic Health Conditions: _____

ALL Current Medications: _____

Environmental & Food Allergies: _____

Behavioral & Educational Traits (ADD, dyslexic, gifted, etc.): _____

CHILD #2 *New families must attach a copy of each child's Baptism certificate to this form.*

First & Middle Name: _____ Sex: ____ M ____ F Grade (2021-2022): ____

Birthdate (mm/dd/yy): _____ Birthplace (city, state, country if not USA): _____

School name: _____

Please check the sacraments this child has received in the **Roman Catholic Church:**

Please include city, state, and country if not USA of parish.

____ Baptism Date: _____ Parish: _____

____ First Reconciliation Date: _____ Parish: _____

____ First Eucharist Date: _____ Parish: _____

____ Confirmation Date: _____ Parish: _____

CHILD #2 continued

Chronic Health Conditions: _____
ALL Current Medications: _____
Environmental & Food Allergies: _____
Behavioral & Educational Traits (ADD, dyslexic, gifted, etc.): _____

**Please attach additional form(s) for more than two children.*

HEALTH INSURANCE & MEDICAL TREATMENT INFORMATION

Full Name of Insured Parent: _____ ID #: _____
Health Insurance Provider: _____ Group ID #: _____
Policy #: _____

Emergency Medical Treatment Release

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment(s) of my minor child in the event of my absence, or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physicians, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against St. Matthew's Cathedral, church staff, church volunteers, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

Parent Name (printed): _____
Parent Signature: _____

PICKUP AUTHORIZATION

____ Please check to authorize only the parents listed on the first page of this registration form to pick up your child(ren).

Please list below any and all individuals (aside from parents) who are authorized to pick up your child(ren) from class.

Name: _____ Relationship to child(ren): _____
Name: _____ Relationship to child(ren): _____
Name: _____ Relationship to child(ren): _____
Name: _____ Relationship to child(ren): _____

AUTHORIZATION TO PUBLISH PHOTOGRAPHS & ARTWORK

I hereby grant permission to St. Matthew's Cathedral to publish pictures of me and/or my child(ren) [and any artwork created during the course of the Religious Education program] on the church's website or in the church's publicity information, newsletters, or bulletins. NO NAMES WILL BE PUBLISHED ON THE WEBSITE. I understand that if I give notice to the webmaster that I object to any particular picture of me and/or my child(ren), it will be removed as soon as possible. I understand that neither I nor any child(ren) in question will be paid any royalty or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.

Parent Name (printed): _____
Parent Signature: _____

FOR OFFICE USE ONLY (Do not write in this section.)

Date received: _____ Payment method: _____ cash _____ check # _____ date _____ Amount paid: _____
Baptism certificate(s): Child #1: _____ Y _____ N Child #2: _____ Y _____ N

Submit with \$100.00 for one child; \$150.00 for more than one child per family (cash or check payable to St. Matthew's Cathedral) to:

*Rev. Msgr. W. Ronald Jameson, Rector
St. Matthew's Cathedral
1725 Rhode Island Avenue NW, Washington DC 20036*