

\*\*\*\*\***PRIORITY REGISTRATION DEADLINE, ASAP**\*\*\*\*\*

## **CHILDREN'S FAITH FORMATION -- ST. MATTHEW'S CATHEDRAL -- 2019-2020**



The Children's Faith Formation program at St. Matthew's Cathedral exists to provide sacramental preparation for First Reconciliation, First Eucharist, and Confirmation as well as ongoing faith formation for children who have received these sacraments. It strives to communicate the Good News of Jesus Christ in the context of the beliefs and practices of the Roman Catholic Church. The program presents the four fundamental themes of the Catechism of the Catholic Church – Creed, Sacraments, Morality, and Prayer – in such a way that we learn to live the Gospel of Jesus Christ.

### **When and where are classes held?**

*Classes are held weekly on Sunday mornings from 9:45 to 11am in the St. Matthew's Education Center located at 1726 N Street NW. It is expected that parents will attend adult faith formation at the same time and that families will worship at either the 8:30am Mass before class or the 11:30am Mass following class. Classes generally are not held on holiday weekends.*

### **When do classes begin?**

*There is a parent-child-catechist orientation meeting Sunday, September 8, 2019 from 9:45am to 11am in the **NORTH** Conference Room. Classes begin Sunday, September 15, 2019 and conclude on Sunday, May 3, 2020.*

### **How do I register my child(ren)?**

*Complete the two-sided registration form (available at the Cathedral entrance, in the rectory, and on the parish website), and attach your child's Baptism certificate (if new to the Religious Education program) and cash or check made payable to St. Matthew's Cathedral for \$75.00 for one child; \$100.00 for more than one child per family. Financial assistance and/or a payment plan are available for those in need. Submit registration materials to the Pastoral Associate for Faith Formation in the Cathedral Rectory.*

Questions about registration-Please contact:

Theresa Prymuszewski, Pastoral Associate for Faith Formation at [tprymuszewski@stmatthewscathedral.org](mailto:tprymuszewski@stmatthewscathedral.org) 202-587-5139

*For information about children's religious education in Spanish, contact Fatima Aybar, Coordinator of Spanish Faith Formation, at [faybar@stmatthewscathedral.org](mailto:faybar@stmatthewscathedral.org) or 202-347-3215.*

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## **----- CALL FOR CATECHISTS -----**

The success of our Children's Religious Education program is a result of the commitment of adult parishioners who generously give of their time and talent to help the children of our parish grow in their faith.

### **Typical Catechist Commitment:**

- Initial meeting with Pastoral Associate of Faith Formation*
- Periodic teacher meetings throughout the year*
- Planning (approximately 1 hour per week)*
- Teaching (75 minutes per week)*
- Archdiocesan Child Protection Policy compliance*
  - Volunteer application and criminal background check and fingerprinting*
  - Virtus "Protecting God's Children" seminar – will be offered at St. Matthew's August 25*

If you are interested in learning about teaching opportunities for the 2019-2020 year, please contact Theresa Prymuszewski, Pastoral Associate for Faith Formation at [tprymuszewski@stmatthewscathedral.org](mailto:tprymuszewski@stmatthewscathedral.org).

**CHILDREN'S FAITH FORMATION ST. MATTHEW'S CATHEDRAL 2019-2020**

*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 (2019-2020): \_\_\_\_\_

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 (2019-2020): \_\_\_\_\_

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 \$75.00 for one child; \$100.00 for more than one child per family (cash or check payable to St. Matthew's Cathedral) to:**

*Theresa Prymuszewski, Pastoral Associate for Faith Formation  
St. Matthew's Cathedral  
1725 Rhode Island Avenue NW  
Washington DC 20036*