

## St. Matthew Korean Catholic Church Religious Education Registration From YEAR 2020-2021

Name of Head of House (Last, First name) (세대주 이름): \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Email for Receiving Information: \_\_\_\_\_

SMKCC Parish Member? (Y or N): \_\_\_\_\_ If NO, Name of Parish: \_\_\_\_\_

**\* Additional fee of \$50 will be added to registration fee for any non-parish member at the time of registration.**

### Parents Information

	Name (Last, First Name)	Religion	Phone
Father			
Mother			
Guardian			

### Student Information

	Name (Last, First Name)	Date of Birth	Gender (F or M)	Student Phone Number	Baptism (Y or N)	First Comm (Y or N)	Con- firmation (Y or N)	Name of School	Grade	REP Last year
1										
2										
3										

**\* Sacramental Preparation for First Communion and Confirmation is a two (2) year program: (1st & 2nd; 9th & 10th).**

\* First Communion is at the end of 2nd grade & Confirmation is at the end of 10th grade.

\* All enrolled in the Sacramental Preparation program must submit Certificate of Baptism to teacher(s) by the end of September.

### Emergency Contact Information

Contact Person:		Contact #:	
Family Doctor:		Contact #:	
Health Insurance:		Policy ID#:	

Special Health Issues (allergies, etc.): \_\_\_\_\_

I understand that SMKCC REP does not assume responsibility for payment of physician. However, in a case of emergency, I hereby give the religious education personnel permission to obtain medical services for my child/children.

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents are primary educators of their children. Recognizing this and By signing this document, I give permission for my child/children/youth participate in this religious education program, whether conducted onsite or online.**

Parent/Guardian signature: \_\_\_\_\_

Payable to **St. Matthew Korean Catholic Church (SMKCC)**

**\* Due to Covid-19 circumstance, registration fee is reduced to \$30 per child.**

**\* There is an additional \$10 fee per student enrolled in the Sacramental Preparation program. (2nd & 10th). Fees subject to change**

Date Received		Received by:	
Cash:		Check# :	
		Amount:	