

\*\*\*\*\* **REGISTRATION DEADLINE EXTENDED TO FRIDAY, AUGUST 17, 2012** \*\*\*\*\*

**CHILDREN'S RELIGIOUS EDUCATION  
ST. MATTHEW'S CATHEDRAL  
2012-2013**



The Religious Education 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 the children of our parish begin to understand how to live the Gospel.

**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 a special class for them at the same time and that families will worship at the 11:30am Mass following class. Classes generally are not held on holiday weekends.*

**When do classes begin?**

*There will be a mandatory parent-teacher meeting Sunday, September 9, 2012 from 9:45 to 11am in the West Conference Room. Classes will begin Sunday, September 16, 2012 and conclude in May.*

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

*Complete the two-sided registration form (available in the Cathedral 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 \$50.00 per family. Financial assistance and/or a payment plan are available for those in need. Submit registration materials to the Director of Faith Formation in the Cathedral Rectory.*

Questions about registration?

Contact Heather Kinney, Director of Faith Formation, at [hkinney@stmatthewscathedral.org](mailto:hkinney@stmatthewscathedral.org) or 202-347-3215, x530.

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**----- CALL FOR TEACHERS -----**

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 Teacher Commitment:**

- Initial meeting with program coordinator and/or Director 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 (fingerprinting) – by September 1*
  - Virtus "Protecting God's Children" seminar – by November 1*

If you are interested in learning about teaching opportunities for the 2012-2013 year, please contact program coordinator Julie McLaughlin at [julieann.mclaughlin@gmail.com](mailto:julieann.mclaughlin@gmail.com).

**CHILDREN'S RELIGIOUS EDUCATION ST. MATTHEW'S CATHEDRAL 2012-2013**

**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 (2012-2013): \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_\_ School name: \_\_\_\_\_

Please check the sacraments this child has received in the **Roman Catholic Church:**  
*Please include city and state 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 (2012-2013): \_\_\_\_\_

Birthdate (mm/dd/yy): \_\_\_\_\_ School name: \_\_\_\_\_

Please check the sacraments this child has received in the **Roman Catholic Church:**  
*Please include city and state of parish.*

- \_\_\_\_ Baptism Date: \_\_\_\_\_ Parish: \_\_\_\_\_
- \_\_\_\_ First Reconciliation Date: \_\_\_\_\_ Parish: \_\_\_\_\_
- \_\_\_\_ First Eucharist Date: \_\_\_\_\_ Parish: \_\_\_\_\_
- \_\_\_\_ Confirmation Date: \_\_\_\_\_ Parish: \_\_\_\_\_

*More on reverse side*

**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 \$50.00 fee per family (cash or check payable to St. Matthew's Cathedral) to:**

*Director of Faith Formation  
St. Matthew's Cathedral  
1725 Rhode Island Avenue NW  
Washington DC 20036*