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MAIL COMPLETED FORM & PA	YMENT TO:	Office	of Reli	gious E	ducation, St. Matthe	ew Parish, 105	Southville I	Road, Soi	uthborougi	h, MA 0	1//2		
Parent Names:					E-mail(	(s):							
Mailing Address:					Town:				State: Zip Code:				
Telephone: (Home) (Cell)									-				
<b>GRADES 1-3</b> Sunday, 9:00-11	:00am or Wednesday,	4:00-6:0	0pm										
First Year Program This program is for those in grades 1 and 2 wit	h no previous religious educ	ation.			Second Year This program is for the							nfo on l	oack!)
Name	Sun., Wed., or homeschool?	Grade	M/F	Fee \$65	Name				Sun or We	ed?	Grade	M/F	Fee \$85
Please also provide  Date of Birth Baptized? Y/N Place of 3	Baptism				Grade 3 - Doe	s not include Sacr	ament Prepara	ntion					
					Name				Sun., Wed Homescho		Grade	M/F	Fee \$65
Mother's Maiden Name:													
GRADES 4-6 Monday or Tuesday	y, 4:00-6:00pm		GR	ADES	7-8 Monday or	Tuesday, 6:30	)-8:30pm		CLASS	DATE	S:		
	,	Fee	Nom			Mon., Tues., or Homeschool?	Grade \$65		Gr 1-8 Sept	Sunday 17	Monday 18	Tuesday 19	Wednesday 20
Name	Homeschool? Grade	\$65	Name	С		riomeschool?	200	1	Oct	15	16	17	18
			-					-	Nov	12	13	14	15
								4	Dec	3	4	5	6
									Jan Feb	7	8 12	9	10 14
									reb	11	17	13	14

Apr

May

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## First Year & Second Year HS

Sunday, 4:00-6:00pm.

Those eligible for Confirmation preparation will complete an additional registration in October.

They will begin sacrament preparation classes in January

They will begin sacrament preparation classes in January.									
Name G	irade M/F \$65	Sunday, 4:00-6:00pm: October 15, November 5, December 5	per 10, February 25, March 24, and April 28.						
Grade 11 & Grade 12 Sunday, 7:00-8:00pm.	Classes	meet after the 6:00 Mass.							
Name C	Grade M/F \$50								
EMERGENCY CONTACT / MEDICAL INFOR  Pease list any special needs of your child(ren), including allers		g accommodations etc :							
- Tease list any special needs of your enhancemy, merading unerg	gres, medical and rearmin	5 decommodations, etc							
Emergency contacts: Name		Relationship	Phone						
Name		Relationship	Phone						
*SACRAMENT PREP – Grades 2 & 3 only	REGISTI	RATION REMIDERS.	FOR OFFICE USE ONLY BELOW						
Continued from first page  A baptism certificate is required with this form unless baptized at St. Matthew's. Please provide your child's:  Full baptismal name:  Place of baptism:		t be processed without payment.  e to: St Matthew Parish 105 Southville Road Southborough, MA 01772	Payment Received  Date:  Total:						
Church address:  Date of birth:  Parent Names:  Mother's Maiden Name:	Teacher Credi Scholarships are av	en August 27- September 9. \$25 per form; may not be processed until October. t = \$65 Family Max = \$225 ailable; contact Amy Comcowich ation at (508)229-2429	Cash / check #  Received by:  Master List X PS Deposit						