|   | St. N      | Natthew Kor   | ean Catho  |                    | urch Religio<br>AR 2025-202 |                     | ıcatior                   | n Regist              | ration From     | 1  |                     |
|---|------------|---|--|--------------------|-----------------------------|---------------------|---------------------------|-----------------------|-----------------|--|---------------------|
| Name of I   | Head of    | House (Last, Firs   | st name) (세인   | 대주 이름              | 름):                         |                     |                           |                       |                 |  |                     |
| Home Add  | dress:     |   |  |                    |                             |                     |                           |                       |                 |  |                     |
| Primary E   | mail for   | Receiving Inform  | nation:  |                    |                             |                     |                           |                       |                 |  |                     |
|   |            | nber? (Y or N):<br>ee of \$50 will be a                         | dded to the re   | _<br>gistration    | fee for any non             | -                   | ame of Pa                 |                       | f registration. |  |                     |
|   |            |   |  | Pare               | ents Information            | n                   |                           |                       |                 |  |                     |
| Name (Last, First Name)   |            |   |  |                    |                             | Religion            |                           |                       | Phone           |  |                     |
| Father  | er         |   |  |                    |                             |                     |                           |                       |                 |  |                     |
| Mother  |            |   |  |                    |                             |                     |                           |                       |                 |  |                     |
| Guardian  |            |   |  |                    |                             |                     |                           |                       |                 |  |                     |
|   | •          |   |  | C+                 | dent Informatio             |                     |                           |                       |                 |  |                     |
| Stude   | nt Nam     | e (Last, First)   | Date of<br>Birth   | Gender<br>(F or M) | Student Phone<br>Number     | Baptism<br>(Y or N) | First<br>Comm<br>(Y or N) | Confirmed<br>(Y or N) | Name of School  | Grade  | REP<br>Last<br>year |
| 1   |            |   |  |                    |                             |                     | (1 01 14)                 |                       |                 |  | ycai                |
| 2   |            |   |  |                    |                             |                     |                           |                       |                 |  |                     |
| 3   |            |   |  |                    |                             |                     |                           |                       |                 |  |                     |
|   |            |   |  | 1                  |                             |                     |                           |                       |                 |  | <u> </u>            |
| * First Co  | ommunic    | eparation for First on is at the end of 2<br>he Sacramental Pre | 2nd grade & Co   | onfirmatio         | n is at the end of          | f 10th gra          | de.                       |                       |                 | mber.  |                     |
|   |            |   | E  | Emergen            | cy Contact Info             | rmation             |                           |                       |                 |  |                     |
| Contact Pe  | erson:     |   |  |                    |                             | Contact #:          |                           |                       |                 |  |                     |
| Family Doctor:  |            |   |  | Contact #:         |                             |                     |                           |                       |                 |  |                     |
| Health Insurance:   |            |   |  | Policy ID#:        |                             |                     |                           |                       |                 |  |                     |
| Special Hea   | alth Issue | es (allergies, etc.):   |  |                    |                             |                     |                           |                       |                 |  |                     |
|   | give the   | : SMKCC REP doe<br>Religious Educat                             |  | -                  |                             | -                   | -                         |                       |                 | merger   | ncy,                |
| Parents/Gt  | Jaruiaii S | ignature:   | (If completing electronically, please type your name here in place |                    |                             |                     |                           | -                     | ignature.)      |  |                     |
|   |            |   |  |                    |                             |                     |                           |                       |                 |  |                     |
|   | -          | ary educators of  |  | _                  | _                           | by signir           | ng this d                 | ocument,              | permit my chi   | ld/  |                     |
| chilaren t  | o partic   | ipate in this relig   | ious educatio  | on progra          | ım.                         |                     |                           |                       |                 |  |                     |
| Parent/Gu   | ıardian si | ignature:   | (If completing e   | electronica        | lly, please type yo         | ur name h           | ere in plac               | e of a valid s        | ignature.)      | -  |                     |
| Payable to 9  | St. Matth  | new Korean Cathol   | lic Church (SMI  | KCC)               |                             |                     | Date                      |                       |                 |  |                     |
| * The registration fee is \$100 for the first child and \$90 for each subsequent child. |            |   |  |                    |                             |                     | Rec'd:                    |                       | Received by:    | <u> </u>   |                     |
| * There is an additional \$30 fee per student enrolled in the Sacramental Preparati     |            |   |  |                    |                             |                     | Cash:                     |                       | Check#:         | <del>                                     </del> |                     |
| program. (2nd & 10th). Fees are subject to change.                                      |            |   |  |                    |                             |                     |                           | Ī                     | Amount:         | I  |                     |