

**St. Matthew Middle School Edge Program
REGISTRATION FORM 2019 – 2020
Grades 6-8**

Parent Information

Parent/Guardian's Name: _____ Relationship to Student: _____

Parent/Guardian's Cell: (____) _____ Parent/Guardian's Email: _____

Parent/Guardian's Cell: (____) _____ Parent/Guardian's Email : _____

Mailing Address:

Street _____ Apt _____

City _____ State _____ Zip _____

Fee per student (not per program): \$25 for 1st Child; \$40 for 2 or more children

Please include payment with registration form. (The inability to pay will not prevent any child from participating in our Program.)

I would like to give an additional donation to assist another family in the religious education of their child/children. Amount donated: _____ Your generosity is greatly appreciated.

Student Name	Grade	School

Parent Meeting - Tuesday, September 10 at 6:30 p.m. in the MFC gym

Completed Registration Forms may be submitted:

- Delivered to St. Matthew Church Office Mon.–Fri. 8 a.m. – 7 p.m.; Sat. 9 a.m.–12 p.m.
- Mailed to: St. Matthew Catholic Church
Office of Religious Education
Attn: Tracy Garcia
10703 Wurzbach Road
San Antonio, Texas 78230