

Saint Matthew Parish  
Religious Education Office  
2 Searles Road  
Windham, NH 03087-1298

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Statement of Account  
2017-2018

**FAITH & PLAY GROUP**

Parents' Names \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_  
E-mail: \_\_\_\_\_

Are you a registered parishioner? Y/N

Food Allergies/Special Needs: \_\_\_\_\_

**Registration Fee for Faith & Play Group: \$20 per family, per session**  
**Day: Tuesdays OR Wednesdays 9:15 – 10:45am**

<u>Child</u>	<u>DOB</u>	<u>Age</u>	<u>Session</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Would you be willing to volunteer with the group (prep crafts, assist w/snack, clean toys) Y/N  
Please specify: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

PHOTO RELEASE: I authorize pictures be taken of my child for parish publications  
YES \_\_\_ NO \_\_\_

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**For Religious Education Office use only:**

Date of Payment \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Received by \_\_\_\_\_  
Check # \_\_\_\_\_ Cash \_\_\_\_\_