

Good Shepherd Catholic Church

2016-2017 Religious Education Registration

PLEASE PRINT

Child's Last Name	Child's First Name	Child's Middle Name	
Street Address	City	Zip Code	
Telephone Number	Alternate Phone Number	Date of Birth	
Father's Last Name	Father's First Name	Religion of Father	
Mother's Maiden Name	Mother's First Name	Religion of Mother	
School District Currently Attending	Grade		
<u>Sacraments Received</u>	<u>Date</u>	<u>Church</u>	<u>City & State</u>
Baptism			
Reconciliation			
Eucharist			
Confirmation			

Names of other siblings in Program: _____

Godparents: _____

Religious Education

Is this the first time your child will be enrolled in a Religious Education Program? Yes No (circle)

If the answer to the above question is No, please complete the following:

Parish Name	City & State	Year(s) Attended	Grade Level(s) Completed
Parish Name	City & State	Year(s) Attended	Grade Level(s) Completed

Health

Does your child have any health problems that we should be aware of in order to assist them in an emergency? Yes No (circle) If yes, please describe:

Emergency Notification

In case of an emergency, while your child is participating in a Religious Education Session or Activity, whom should be called?

Person's Name	Relationship to Child	Phone Number
Person's Name	Relationship to Child	Phone Number

Parent/Guardian Signature _____ Date: _____