

*Good Shepherd Catholic Church*  
2017-2018 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 &amp; 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: \_\_\_\_\_

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 Office (Circle which applies): Paid in full    Weekly / Monthly Pmnt Plan \$ \_\_\_\_\_    Scholarship Fund (in financial need)