Good Shepherd Catholic Church 2023-2024 Religious Education Registration

PLEASE PRINT

Child's Last Name	Child's First Name	Child's Mid	Child's Middle Name	
Street Address	City	Zip Code	Zip Code	
Telephone Number	Email Address:	Date of Birth		
Father's Last Name	Father's First Name	Father's First Name Religion of Father		
Mother's Maiden Name	Mother's First Name	Religion of Mother		
School District Currently Attending		Grade		
Sacraments Received	Date	<u>Church</u>	City & State	
Baptism				
Reconciliation				
Eucharist				
Confirmation				
<u>Health</u> Does your child have any healtl emergency? Yes No (circle)		e aware of in order to a	ssist them in an	
Emergency Notification In case of an emergency, while whom should be called? Person's Name	your child is participating in Relationship to Child	a Religious Education		
Person's Name	Relationship to Child	Phone Number		
My child <u>has / does NOT hav</u> Website, Face Book, and Fa	<u>/e</u> (please circle) my pern			
Parent/Guardian Signature _		Date:		
	er ~ No Charge 645.00 Per Child ~ \$125.0	0 Family of 3 or more	9	