

Good Shepherd Catholic Church

2024-2025 Religious Education Registration

PLEASE PRINT

Child's Last Name	Child's First Name	Child's Middle Name	
Street Address	City	Zip Code	
Telephone Number	Email Address:	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: _____

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
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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
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Person's Name	Relationship to Child	Phone Number
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My child has / does NOT have (please circle) my permission to be photographed for the Parish Website, Face Book, and Family Life Center photos.

Parent/Guardian Signature _____ Date: _____

Tuition Due: Pre-K, Kinder ~ No Charge
Grades 1-8 \$45.00 Per Child ~ \$125.00 Family of 3 or more