Good Shepherd Catholic Church

2025-2026 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

Sacraments Received	Date	Church	City & State
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

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

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