

Good Shepherd Catholic Church
2018-2019 Religious Education Registration

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			

Please select from the following times for your PreK-8th grader.

- | | | |
|--------------------------|-------------------|---|
| _____ 4:15 pm – 5:45 pm | Tuesday Afternoon | Pre K & Kindergarten |
| _____ 6:00 pm – 7:30 pm | Tuesday Evening | 1st – thru 6 th grade |
| _____ 6:00 pm – 7:30 pm | Wednesday Evening | Pre K – thru 6 th grade |
| _____ 9:30 am – 11:00 am | Sunday Morning | 7 th and 8 th grade |

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 (For use during Religious Education session or Activity.)

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

Parent/Guardian Signature _____ Date: _____