

2024-24 Catechesis of the Good Shepherd Registration Form

Classes begin September 17, 2024 and are offered as follows:

(Please select your preferred day and time)

- Tuesday 3:30 - 5:30 – Level 2 (Age 6-9)**
- Wednesday 9:00 - 10:30 a.m. – Level 1 (Age 3-6)**
- Wednesday 3:30 – 5:00 a.m. – Level 1 (Age 3-6)**
- Thursday 3:30 – 5:00 p.m. – Level 1 (Age 3-6)**

1st Child

Level 1 (Age 3-6)

Level 2 (Ages 6-9)

Child's First name: _____ Child's Last name: _____

Child's birthdate: _____ School attended: _____

Any Previous CGS? _____

Sacraments child has received: _____

Will child be preparing for First Communion? _____ (if Yes, please indicate where, below)

CGS (see Prep info sheet)

IC School

IC Faith Formation

Child lives with: Both parents Father Mother

Food Allergies: _____

Snacks are provided for your child. Please list any foods that we may NOT give to your child.

Please make us aware of any special physical, learning, or behavioral needs your child may have or any information that would help us to better serve your child. _____

Occasionally we take photos of your child at work in the atrium. Most often they are just sent to you, the parent(s)/guardian, to show you how your child/children are doing. We would like to ask your permission to use these photos to make people aware of and/or promote CGS.

Yes, you can use/publish photos of my child/children

No, I would prefer that you didn't use/publish photos of my child/children

2nd Child

Level 1 (Age 3-6)

Level 2 (Ages 6-9)

Child's First name: _____ Child's Last name: _____

Child's birthdate: _____ School attended: _____

Any Previous CGS? _____

Sacraments child has received: _____

Will child be preparing for First Communion? _____ (if yes, please indicate where, below)

CGS (see Prep info sheet)

IC School

IC Faith Formation

Child lives with: Both parents Father Mother

Food Allergies: _____

Snacks are provided for your child. Please list any foods that we may NOT give to your child.

Please make us aware of any special physical, learning, or behavioral needs your child may have or any information that would help us to better serve your child. _____

3rd Child

Level 1 (Age 3-6)

Level 2 (Ages 6-9)

Child's First name: _____ Child's Last name: _____

Child's birthdate: _____ School attended: _____

Any Previous CGS? _____

Sacraments child has received: _____

Will child be preparing for First Communion? _____ (if Yes, please indicate where, below)

CGS (see Prep info sheet)

IC School

IC Faith Formation

Child lives with: Both parents Father Mother

Food Allergies: _____

Snacks are provided for your child. Please list any foods that we may NOT give to your child.

Please make us aware of any special physical, learning, or behavioral needs your child may have or any information that would help us to better serve your child. _____

Father's Information

Father's first name: _____

Father's last name: _____

Father's religion: _____

Father's address: _____

Father's Home Phone: _____

Father's Cell Phone: _____

Is it ok to text you with important information at this cell phone number? Yes No

Father's email: _____

I desire to receive information via this email address: Yes No

Special notes (if children have different Fathers, are foster children, etc.) _____

At which parish are you registered? _____

Mother's Information

Mother's first name: _____

Mother's last name: _____

Mother's religion: _____

Mother's address: (write 'same' if same as fathers) _____

Mother's Home Phone: _____

Mother's Cell Phone: _____

Is it ok to text you with important information at this cell phone number? Yes No

Mother's email: _____

I desire to receive information via this email address: Yes No

Special notes (if children have different Fathers, are foster children, etc.) _____

Do you wish to add another person to receive communications? _____

At which parish are you registered? _____

Tuition fees (\$25 per Child)

Cash Check Payment included Will pay on first day

Guardian's Information

Guardian's first name: _____

Guardian's last name: _____

Guardian's religion: _____

Guardian's address: _____

Guardian's Home Phone: _____

Guardian's Cell Phone: _____

Is it ok to text you with important information at this cell phone number? Yes No

Guardian's s email: _____

I desire to receive information via this email address: Yes No

Special notes (if children have different Fathers, are foster children, etc.) _____
