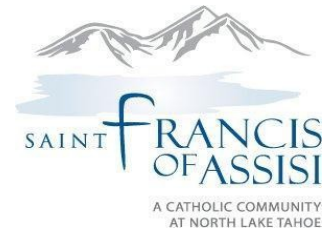


Saint Francis of Assisi Registration
CATECHESIS OF THE GOOD SHEPHERD
 2019 - 2020



FAMILY LAST NAME: _____ Child's Last Name: _____
 Mother's Name: _____ Father's Name: _____
 Parent's Religion: _____ Are you a Registered Parishioner at St. Francis? Y N

Contact Information (Must be fully completed)

Email Address: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Other Address: _____ City: _____ State: _____ Zip Code: _____

Child's Complete Name- First and Last	Date of Birth	Baptized YES/NO	Special Needs- Assistance Requested
		Y N	
		Y N	
		Y N	

Catechesis of the Good Shepherd (CGS) is a beautiful method of nurturing your child's relationship with God. Sessions will meet once/week. In order to determine dates/times, we need to ask your preferences (PLEASE INDICATE 1=FIRST CHOICE, 2=SECOND CHOICE, 3=THIRD CHOICE):

- _____ weekday mornings (10am-11:30am)
- _____ weekday afternoons (3:30pm-5pm)
- _____ weekday evenings (6:30pm-8pm)
- _____ Saturday mornings (10am-11:30am)
- _____ Sunday afternoons (12:30pm-2pm)
- _____ Sunday afternoons (2:30pm-4pm)

You will be contacted about your child's session once enrollment is closed. In order to assist in your child's experience, parents must attend a Parent Meeting (date/time TBA) prior to the start of CGS sessions.

OFFICE USE ONLY

AMOUNT DUE: _____ AMOUNT PAID: _____

BALANCE DUE: _____ DATE: _____

BAPTISMAL CERTIFICATE RECEIVED: _____

FEE SCHEDULE (payment or payment arrangements required prior to beginning of class)

One Child	\$ 75.00
Two Children	\$125.00
Three or More Children	\$150.00



**St. Francis of Assisi
Catechesis of the
Good Shepherd
Safety Information
2019-2020**

In an effort to keep your children as safe as possible, we require the following information on file prior to the first class.

Medical Information:

Doctor's Name:

Phone:

Child's Name:

_Allergies:

Child's Name:

_Allergies:

Child's Name:

_Allergies:

Emergency Contacts and Authorized Adult to Pick Up Child

This information is essential for the safety of your child. Please take the time to complete fully and accurately. Children are only to be signed out by parent or authorized individual. At the end of class each week, my child may be signed out and taken home by:

Name: Phone: Relationship:

Name: Phone: Relationship:

Name: Phone: Relationship:

Parent Permission Form

Please circle DOES or DOES NOT to the following statement:

Catechesis of the Good Shepherd at St. Francis of Assisi, Incline Village **DOES / DOES NOT** have my permission to post my child's photo on their website or church publication.

Parent Signature:

Date:

Print Name: