

PLEASE PRINT

OUR FAMILY CHOICE(MUST CHOOSE ONE OPTION)

**CHRIST THE GOOD SHEPHERD
RELIGIOUS FORMATION
2011-2012**

**REGISTRATION
GRADES 1-8**

___4-5:25PM CLASS TIME ___6-7:25PM CLASS TIME

___MONTHLY FAMILY PROGRAM

MAILING NAME: _____ HOME PHONE: _____
(This is the name used when sending mail)

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

FATHER: _____ CELL # _____ WORK # _____

MAILING ADDRESS (IF DIFFERENT) _____ CITY: _____ ZIP: _____

MOTHER: _____ / _____ / _____ CELL# _____ WORK # _____
FIRST LAST MAIDEN

MAILING ADDRESS (IF DIFFERENT) _____ CITY: _____ ZIP: _____

RELIGION: FATHER _____ MOTHER _____ **CHILDREN LIVE WITH:** PARENTS / FATHER/ MOTHER / SHARED / OTHER _____

ARE YOU A REGISTERED MEMBER OF CGS ? YES ___ NO ___ **IF NO, WHERE ARE YOU REGISTERED?** _____

NAME OF EMERGENCY CONTACT AND TELEPHONE NUMBER: *(MUST BE SOMEONE OTHER THAN PARENT)* _____

NAME RELATIONSHIP TO CHILD PHONE NUMBER

LIST CHILDREN **BEGINNING WITH THE OLDEST.** LIST THE GRADE THEY ARE ENTERING SCHOOL IN **SEPTEMBER 2011.**

Last Name of Child	First Name of Child	Date of Birth	School Attending & Grade	Baptism Date & Church	First Communion Date & Church

ENROLLMENT FOR SACRAMENT PROGRAMS WILL TAKE PLACE SEPTEMBER 24 – OCTOBER 3, 2011

[PLEASE FILL IN HEALTH AND OTHER INFORMATION ON THE REVERSE SIDE]

SPECIAL INFORMATION/HEALTH INFORMATION (List any allergies, sight or hearing impairment, learning difficulties, ADD, custody issues. Please list any/all information that we need to know in order to insure the safety and well being of your child)

Handbook Acknowledgement

I, _____, hereby acknowledge and agree with the following:
 Parent/Guardian Name

I have read Religious Formation Parent Handbook of Christ the Good Shepherd Religious Formation in Lincoln Park, Michigan and agree to comply with the information in the Handbook.
 I understand that the Handbook reflects the current policies and procedures and that these can be amended, modified, replaced or changed at anytime (with notice) by the Christ the Good Shepherd Religious Formation Director.
 I understand that anytime questions or concerns arise with the provisions of the Handbook, they can be addressed with the Religious Formation Office.

 Parent/Guardian Signature Date

Photographic Release

I authorize and give full consent to Christ the Good Shepherd Parish to take and have taken all photographs, images, digital and/or films of the child(ren) listed on this registration. It is further agreed that they may use, or cause to be used, these photographs for any and all exhibitions, public displays, publications, internet use directly related to the Christ the Good Shepherd Parish web-site without limitation, reservation or compensation. If you do not wish your child(ren) to be photographed please make sure your child(ren) is aware of this fact.

 Parent Signature Date Witness Signature Date

I do not give permission for my child to be photographed. _____

FOR OFFICE USE ONLY

Date	Tuition Amount	Payment	Balance	Check Number	Receipt Number	Notes