

OUR FAMILY CHOICE (MUST CHOOSE ONE OPTION)

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

___MONTHLY FAMILY PROGRAM

**CHRIST THE GOOD SHEPHERD
RELIGIOUS FORMATION
2010-2011**

**REGISTRATION
GRADES 1-8**

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:** _____ 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

PLEASE PRINT CLEARLY

LIST CHILDREN **BEGINNING WITH THE OLDEST**. LIST THE GRADE THEY ARE ENTERING SCHOOL IN **SEPTEMBER 2010**.

Last Name of Child	First Name of Child	Birthdate	School & Grade	Baptism Date & Church	First Communion Date & Church	First Reconciliation Date & Church

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

