

CHRIST THE GOOD SHEPHERD  
RELIGIOUS FORMATION OFFICE  
1590 RIVERBANK  
LINCOLN PARK, MI 48146  
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E-mail: [dre@christgoodshepherd.org](mailto:dre@christgoodshepherd.org)

2009/2010

Dear Parents,

Our Religious Formation Program will draw to a close for this year very soon. We thank you for all your efforts to bring your child/children to our program. It is so important to surround them with a pattern of life that points them toward a deeper knowledge and love of Jesus, as well as a deeper connection to the Church. Let us continue to do that for this coming year.

We are now in the process of preparing for next year, arranging for catechists, ordering materials, and so forth. Sunday School begins Sunday September 27, 2009 during the 11 am Mass. This is for children ages 3-5. Weekly attendance is important for the child to have some continuity in their learning. Tuition for Sunday School is \$25 unless you have children registered in the Religious Formation Program or CGS School. We need to have as accurate a count as possible of who will be enrolled in the program. Please fill out the registration sheet included with this letter and return it to the Religious Formation Office. If you have questions about the form or the program, please call the Religious Formation Office at (313) 382-1818.

God Bless You,

Sr. Rebecca Vonderhaar, IHM  
Director of Religious Formation

# SUNDAY SCHOOL REGISTRATION

CHILD'S FULL NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

AGE (As of Dec 1, 2009) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

BAPTIZED? NO \_\_\_\_\_ YES \_\_\_\_\_ WHEN AND WHERE? \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

FAMILY E-MAIL ADDRESS: \_\_\_\_\_

RELIGION: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ ARE YOU A REGISTERED MEMER OF CGS? YES \_\_\_\_\_ NO \_\_\_\_\_

CHILDREN LIVE WITH \_\_\_\_\_ OTHER \_\_\_\_\_

WHERE DO YOU NORMALLY SIT IN CHURCH? \_\_\_\_\_

DO YOU HAVE OTHER CHILDREN REGISTERED AT CGS IN THE SCHOOL OR RELIGIOUS FORMATION PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

## SPECIAL INFORMATION

PLEASE LIST ANY/ALL INFORMATION IN ORDER TO INSURE THE SAFETY AND WELL BEING OF YOUR CHILD  
ATTACH ADDITIONAL SHEET(S) WITH INFORMATION IF NEEDED

**ARE THERE ANY LEARNING DIFFICULTIES?** \_\_\_YES \_\_\_NO IF YES, PLEASE LIST

**ARE THERE ANY HEALTH ISSUES OR ALLERGIES?** \_\_\_YES \_\_\_NO IF YES, PLEASE LIST

**ARE THERE ANY CUSTODY ISSUES?** \_\_\_YES \_\_\_NO IF YES, PLEASE LIST

**PAYMENT      \*\*FOR OFFICE USE ONLY**

Date	Tuition Amt	Payment	Balance	Check Number	Receipt Number	Notes