

CHRIST THE GOOD SHEPHERD
RELIGIOUS FORMATION OFFICE
1590 RIVERBANK
LINCOLN PARK, MI 48146
PHONE: (313) 382-1818 FAX: (313) 928-1326
E-mail: dre@christgoodshepherd.org

2011/2012

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 25, 2011 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 \$20 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, 2011) _____ 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