

Catechesis of the Good Shepherd - Volunteer Opportunities

Atrium Assistance

_____ **Set-up the atrium (sacred learning space) on a Weekly/Monthly basis**

(One Saturday per month, 7:30-8:15 am)

_____ **Close down the atrium (sacred learning space) on a Weekly/Monthly basis**

(One Monday per month, 3:20-4:00 pm)

_____ **Laundry (wash atrium linens weekly)**

_____ **Phone Caller (make weekly reminder calls to Set-up/Take down teams)**

Materials Assistance

_____ **Art Preparation work**

(Tracing, cutting, etc., can be done at home.)

_____ **Wood-working**

_____ **Sewing**

_____ **Painting**

_____ **Atrium Assistant**

_____ **Substitute Assistant**

_____ **Interested in Catechist Formation**

_____ **Other** *(Please indicate how you can help):*

Catechesis of the Good Shepherd Program - Age 6 to 12 (2009-10)

Date _____ Registered in Parish? Yes _____ No _____ What Mass do you regularly attend? _____

Family Name _____ Home Phone _____ Mother Wk. #: _____ Father Wk. #: _____

Address _____ Location of Home _____
(Skyway, Highlands, Fairwood, etc.)

Parent's E-mail Address _____ Cell Phone/Pager # _____

Father's Name _____ Religion _____ Occupation _____ Marital Status _____

Mother's Name _____ Religion _____ Occupation _____ Marital Status _____

When is the best time to contact you? _____ Can you be contacted at work? Mother: Yes _____ No _____ Father: Yes _____ No _____

Child's Name	Gender	Date of Birth	Age	Grade	School	My child has/has not received the following sacraments:					
						Baptism		Reconciliation		Eucharist	
_____	M or F	_____	_____	_____	_____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____		
_____	M or F	_____	_____	_____	_____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____		
_____	M or F	_____	_____	_____	_____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____		

Pertinent medical/allergy information that should be known: _____

If parent unavailable, who to contact in emergency: _____ Phone #: _____ Relation: _____

Program Fee - \$45 per student (in-parish rate, \$60 per student out of parish rate. PARENT PARTICIPATION IS EXPECTED.

Thursday 6:00-8:00 pm

Monday 1:30 pm - 3:30 pm

DO NOT WRITE IN BOX	Due	Paid	Ck#	Cash
Program Fee				
Balance Due		Paid in Full <input style="width: 30px; height: 20px;" type="checkbox"/>		

