**Catechesis of the Good Shepherd Program - Age 3 to 6 (2020-21)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | **Registered in Parish?** | **Yes:** |  | **No:** |  | **What Mass do you regularly attend?** |  |
| **Family Name** |  | **Home Phone** |  | **Mother cell #** |  | **Father cell #** |  |
| **Address** |  | **City** |  | **Zip** |  | **Location of home (Skyway, Highlands, Fairwood, etc)** |  |
| **Parent’s email** |  | **Home Phone**  |  |
| **Father’s Name** |  | **Religion** |  | **Occupation** |  | **Marital Status** |  |
| **Mother’s Name** |  | **Religion** |  | **Occupation** |  | **Marital Status** |  |
| **When is the best time to contact you?** |  | **Can we contact you at work?** | **Mother: Yes:** |  | **No:** |  | **Father: Yes:** |  | **No:** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **My child has/has not received the following sacraments** |
| **Child’s Name** | **Gender** | **Dt of Birth** | **Age** | **Grade** | **School** | **Baptism** | **Reconciliation** | **Eucharist** |
|  |  |  |  |  |  | **Y:** |  | **N:** |  | **Y:** |  | **N:** |  | **Y:** |  | **N:** |  |
|  |  |  |  |  |  | **Y:** |  | **N:** |  | **Y:** |  | **N:** |  | **Y:** |  | **N:** |  |
|  |  |  |  |  |  | **Y:** |  | **N:** |  | **Y:** |  | **N:** |  | **Y:** |  | **N:** |  |
| **Pertinent medical or allergy information that should be known:** |  |
| **Emergency contact if parent is unavailable:** |  | **Phone** |  | **Relationship** |  |

**Program Fee - $70 per student in parish rate, $100 per student out of parish rate. Payment due in fall.**



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **DO NOT WRITE IN THIS BOX** | **Due** | **Paid** | **Ck #** | **Cash** |
|  |  |  | **Program Fee** |  |  |  |  |
|  |  |  | **Balance Due** |  |  **Paid in Full** |  |
|  |  |