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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** | |  |
|  |  |