



# Religious Education Registration

## Church of the Good Shepherd

Religious Education / Faith Formation Center

P.O. Box 226, West Middlesex, PA. 16159

Phone: 724-528-2928 E-Mail: [gsref@roadrunner.com](mailto:gsref@roadrunner.com)

**Family** last name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Father's** First, Last name: \_\_\_\_\_

Religion: \_\_\_\_\_ Church (presently attending): \_\_\_\_\_

Date received: \_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation

Church received: \_\_\_\_\_

**Mother's** First, Maiden, Last name: \_\_\_\_\_

Religion: \_\_\_\_\_ Church (presently attending): \_\_\_\_\_

Date received: \_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation

Church received: \_\_\_\_\_



**STUDENT** first, middle, last name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Born (city, state) \_\_\_\_\_

Religion: \_\_\_\_\_ Church (presently attending): \_\_\_\_\_

Date received: \_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation

Church received: \_\_\_\_\_

LIST ANY MEDICATION - ALLERGIES - HEALTH CONCERNS:

\_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Materials Fee:** Parishioner; \$30.00/child \$75.00/ family

Non Parishioner; \$40.00/child \$95.00/ family



**STUDENT** first, middle, last name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Born (city, state) \_\_\_\_\_

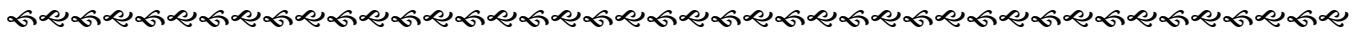
Religion: \_\_\_\_\_ Church (presently attending): \_\_\_\_\_

Date received: \_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation

Church received: \_\_\_\_\_

LIST ANY MEDICATION - ALLERGIES - HEALTH CONCERNS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**STUDENT** first, middle, last name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Born (city, state) \_\_\_\_\_

Religion: \_\_\_\_\_ Church (presently attending): \_\_\_\_\_

Date received: \_\_\_\_\_ Baptism \_\_\_\_\_ Reconciliation \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation

Church received: \_\_\_\_\_

LIST ANY MEDICATION - ALLERGIES - HEALTH CONCERNS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*Important Information to be recorded in personal file:*

Child(ren) live with : \_\_\_\_ Both Parents \_\_\_\_ Mother (50% / 100%) \_\_\_\_ Father (50% / 100%)

If the Child(ren) live with either Mother or Father, does the non-custodial parent have permission to pick up the child(ren) at any time during Religious Education class time? \_YES \_\_\_\_\_ NO

Is this by \_\_\_\_ Mutual Agreement or \_\_\_\_ Court Order?

Should the non-custodial parent be kept informed of activities of the Religious Education Program?

\_\_\_\_\_ NO \_YES Name: \_\_\_\_\_

Address: \_\_\_\_\_