
RETURNING
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

Family last name: _____ Phone: _____

Address: _____ Cell Phone: _____

City, State, Zip: _____ E-Mail: _____

Mother's First, Maiden, Last name: _____

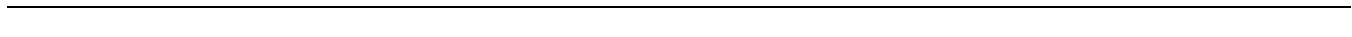
Father's First, Last name: _____



STUDENT first, middle, last name: _____

School: _____ Grade: _____

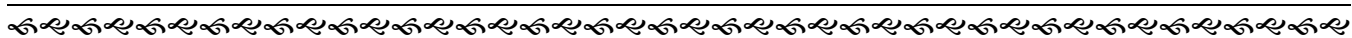
MEDICATIONS - ALLERGIES - HEALTH CONCERNS: _____



STUDENT first, middle, last name: _____

School: _____ Grade: _____

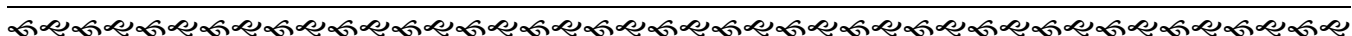
MEDICATIONS - ALLERGIES - HEALTH CONCERNS: _____



STUDENT first, middle, last name: _____

School: _____ Grade: _____

MEDICATIONS - ALLERGIES - HEALTH CONCERNS: _____



STUDENT first, middle, last name: _____

School: _____ Grade: _____

MEDICATIONS - ALLERGIES - HEALTH CONCERNS: _____

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

Non Parishioner: \$40.00/child \$95.00/ 3 family

Important Information to be recorded in personal file:

Child(ren) live with : _____ Both Parents _____ Mother (50% / 100%) _____ Father (50% / 100%)
_____ Grandparents (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: _____
