NEW FAMILY REGISTRATION 2024-2025

FOR OFFICE USE ONLY

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_

CK \_\_\_\_\_\_\_\_\_\_\_

CASH \_\_\_\_\_\_\_\_\_\_\_

ENTERED \_\_\_\_\_\_\_\_

Church of the Good Shepherd

PO Box 226 / 3613 Sharon Rd

West Middlesex PA 16159

724-528-3539 ext. 6

religioused@goodshepherdwm.org

**Book and supply fee: $60 one child / $100 two children / $120 three or more**

Payment should accompany registration Call Religious Education office for scholarship information

FAMILY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First , Middle, Last | Birthday | Grade in Sept. | Baptism Church /Date | EucharistChurch/Date | ConfirmationChurch/Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

STUDENTS:

If the child was NOT BAPTISED at Good Shepherd, the office will need a copy of the baptismal certificate

EMERGENCY CONTACT:

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME INCLUDE MAIDEN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren) live with: \_\_\_\_\_\_\_Both Parents / \_\_\_\_\_Mother / \_\_\_\_\_Father

If the children DO NOT LIVE WITH both parents does the non-custodial parent have permission to pick up the child \_\_\_\_\_ YES \_\_\_\_\_\_NO

Is this by court order or mutual agreement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other information needed for child safety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there another address that needs mailings write it here with the persons relationship to the children

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safe Environment Training Our religious education program is mandated by the Bishops of the United States to provide Safe Environment training to all students annually. Your child/children will receive this inservice sometime during this catechetical year. If you DO NOT want your child/children to participate, please contact the Religious Education office in writing. Your child/children will be withheld from the program when it is presented. Thank you.

 ***This information will only help the staff to better serve your child.***

 ***PLEASE NOTE WE ARE NOT ABLE TO DISPENSE MEDICATION***

Physical needs , Learning needs, Allergies ETC.