

PLEASE READ AND FILL OUT THE ENTIRE FORM!

Registration 2011-2012



FAMILY LAST NAME: _____ Registration Date: _____

FAMILY INFORMATION:

Address: _____ Home Phone: _____

Father: _____ Cell Phone: _____ Marital Status: _____ If married, did marriage take place in a Catholic Church? Y N

Mother: _____ Cell Phone: _____ Marital Status: _____ Maiden Name: _____

Will your family use envelopes? Y N

OFFICE USE ONLY:

Family ID#: _____ Registry Date: _____

FAMILY EMAIL ADDRESS: _____

	Head of Household	Spouse	Child	Child	Child	Child
FIRST NAME						
MIDDLE INITIAL						
ETHNIC ORIGIN						
RELIGION						
OCCUPATION OR SCHOOL & GRADE						
GENDER						
PLACE OF BIRTH						
BIRTH DATE						

SACRAMENTS INFORMATION – PLEASE INDICATE N (NO) OR Y (YES) AND INCLUDE DATES IF KNOWN

BAPTISM DATE*						
1ST PENANCE DATE						
1ST COMMUNION DATE*						
CONFIRMATION DATE						
F.F. OFFICE USE ONLY: CLASS ASSIGNMENT						

If Sacrament was not celebrated at Good Shepherd Parish we will need a copy of the certificate at the time of registration

YOUTH CONTACT INFORMATION (PRE-CONFIRMATION AND CONFIRMATION STUDENTS ONLY):

Name: _____ Cell Phone: _____ EMAIL ADDRESS: _____ T-shirt Size: S M L XL XXL
 Name: _____ Cell Phone: _____ EMAIL ADDRESS: _____ T-shirt Size: S M L XL XXL

CLASS SELECTIONS:

Please make your selections by numbering 1-3 in order of preference. (**PLEASE NOTE: There is only 1 scheduled time for these classes.)

1 st – 6 th Sunday 9:00 – 10:15 am _____	Preschool & Kinder Sunday** 10:30 – 11:30 am _____	Confirmation Sunday** 6:30 – 8:30 pm _____	7 th & 8 th Monday** 6:30 – 8:00 pm _____	1 st – 6 th Tuesday 5:00 – 6:15 pm _____	Pre Confirmation Tuesday** 6:30 – 8:30 pm _____	1 st – 6 th Wednesday 5:00 – 6:15 pm _____	1 st – 6 th Thursday 4:00 – 5:15 pm _____
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EMERGENCY INFORMATION:

Emergency Contacts (other than parents):

- Name: _____ Relationship: _____ Cell Phone: _____
- Name: _____ Relationship: _____ Cell Phone: _____

Does your child(ren) have special needs? Y N

If so, please explain (e.g. any health concerns such as but not limited to ADD, autism, epilepsy, food allergies and/or emotional or custodial concerns):

CONSENT/RELEASE:

I understand that Good Shepherd Parish or Faith Formation Office does not assume responsibility for payment of a physician. However, in an emergency, I authorize emergency medical treatment and agree that you may choose physician(s). I hereby release, both individually and collectively, the Dioceses of San Diego, Good Shepherd Parish, its staff and host families (home study), from any and all liability arising from the care and supervision of my children.

_____ Print Name _____ Signature _____ Relation to child(ren)

PHOTO/VIDEO RELEASE:

This letter authorizes Good Shepherd Parish of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video for purposes of furthering the mission of the Faith Formation Program. Photos, audio, video may be used in printed materials and any other visual display or media. I understand that such photos and or audio or video recordings will be used for Good Shepherd Faith Formation related purposes and will not be used for any commercial purpose whatsoever. I, therefore, hereby waive any kind and all rights my child/ward or I may have for any compensation of any kind, which could otherwise accrue for the use of such photos and/or audio or video recordings.

_____ Print Name _____ Signature _____ Relation to child(ren)

OFFICE USE ONLY:

Date: _____ Total due: _____ Total Paid: _____ Check #/CC#/Cash: _____ Balance: _____

Would you like to donate \$5.00 to the Scholarship Fund? Yes No