

Good Shepherd Faith Formation 2009-2010

Re-Registration for Preschool thru 5th Grade

8200 Gold Coast Drive - San Diego, CA 92126-3699
(858) 271-8769

Date: _____

Family Last Name: _____

Address: _____ Home Phone: _____
Street City ZIP

Father's First Name: _____ Mother's First Name: _____ E-mail _____

SPECIAL INSTRUCTIONS (READ CAREFULLY)

Please write your choice numbers on the line next to each session: 1st choice = 1; 2nd choice = 2; 3rd choice = 3 .

Child's Name _____ Child's Grade ____ School _____

Baptized? Y ___ N ___ Church _____ 1st Communion? Y ___ N ___ Church _____

CLASS CHOICE: Mon ___ Tues ___ Wed ___ Thu ___ Sun ___ Sun ___
4-5:15 5-6:15 5-6:15 4-5:15 10:30-11:30 am 10:30-11:30 am
Preschool Kindergarden

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- Fee for Returning Children/Youth Grade Levels Kinder thru 6:
1 Child \$65.00 - 2 Children \$95.00 - 3 or More Children \$115.00 -
Second Year Sacramental Prep Fee is \$25.00 (only for students who are beginning their second year).
- **Late fee of \$25** is due after registration deadline.
- Please make checks payable to Good Shepherd Faith Formation.

For Office Use Only

Date: ___ / ___ / ___ Amount Paid: \$ ___ Check# _____ Balance \$ _____

Baptismal Certificate on File: YES ___ NO ___ If Baptized at Good Shepherd -- Date: ___ / ___ / ___

Mother's First Name _____ Married__ Single__ Maiden Name _____

Occupation _____ Cell Phone # _____ Birth Mother _____
(if different from Mother)

Father's Name _____ Married__ Single__ Birth Father _____
(if different from Father)

Occupation _____ Cell Phone # _____

Does your child have special needs? Yes _____ No _____

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). Additional sheets may be attached if necessary

EMERGENCY INFORMATION (Other Than Parents)

1. Name _____ Relationship _____ Cell # () _____

2. Name _____ Relationship _____ Cell # () _____

Submitted by: _____ Date _____

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 the physician(s).

I HEREBY RELEASE, both individually and collectively, the Diocese of San Diego, Good Shepherd Parish, its staff and host families (home study), from any and all liability arising from the care supervision of my children.

_____ Signature _____ Relation to Child _____
Print Name

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 compensation of any kind, which could otherwise accrue for the use of such photos and/or audio or video recordings.

_____ Signature _____ Relation to Child _____
Print Name