

GOOD SHEPHERD FAITH FORMATION

Preschool through 6th Grade Registration Form 2009-2010

Office Use Only:	
Date Pd	_____
Session	_____
Amt Paid	_____
Ck#	Cash _____

TODAYS DATE _____

Child/Youth Name _____
(Last Name) (First Name)

Date of Birth ____/____/____ Male ____ Female ____ Age ____ Grade ____
Month Day Year

Birth Place (City) _____ (State) _____ (Country) _____

Mailing Address _____ City _____ Zip _____

Home Phone (____) _____ Name of School _____

Baptized? Yes ____ No ____ _____
Name of Church City/State ____/____/____
Date

1st Communion? Yes ____ No ____ _____
Name of Church City/State ____/____/____
Date

**** NEW STUDENTS -Copies of Sacramental certificates must accompany registration form unless the sacrament was received at Good Shepherd**

REGISTRATION FEE: One Child = \$65 Two Children = \$95 Three Children = \$115
 (For Children who need to be Baptized or receive First Eucharist please call the office @ 271-8769 for fee information)

Please make your selections by writing in the slots provided, using 1-3, in order of preference.

_____ Pre & Kinder	_____ Grades 1 thru 6	_____ Grades 1 thru 6	_____ Grades 1 thru 6	_____ Grades 1 thru 6
Sunday 10:30—11:30	Monday 4:00 to 5:15 pm	Tuesday 5:00—6:15 pm	Wednesday 5:00—6:15 pm	Thursday 4:00—5:15 pm

For Office Use Only:

Baptismal Certificate Attached: Yes ____ No ____ Eucharist Certificate Attached: Yes ____ No ____

(Over)