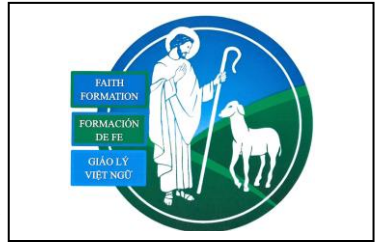


PLEASE FILL OUT THE ENTIRE FORM AND PRINT CLEARLY!



FAMILY LAST NAME: _____ **Registration Date:** _____

FAMILY INFORMATION:

Address: _____ Zip Code: _____ 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 **Father Email Address:** _____

Parents/Guardians, do you text? Y N **Mother Email Address:** _____

Office Use Only
New Family Returning Family

	Parent/Guardian 1	Parent/Guardian 2	Child	Child	Child	Child
FIRST NAME						
LAST NAME						
GRADE IN SCHOOL						
GENDER						
BIRTH DATE						
CIRCLE THE SACRAMENT THAT EACH PERSON NEEDS	BAPTISM*	BAPTISM*	BAPTISM*	BAPTISM*	BAPTISM*	BAPTISM*
	1ST PENANCE*	1ST PENANCE*	1ST PENANCE*	1ST PENANCE*	1ST PENANCE*	1ST PENANCE*
	1ST COMMUNION*	1ST COMMUNION*	1ST COMMUNION*	1ST COMMUNION*	1ST COMMUNION*	1ST COMMUNION*
	CONFIRMATION	CONFIRMATION	CONFIRMATION	CONFIRMATION	CONFIRMATION	CONFIRMATION
F.F. OFFICE USE ONLY: CLASS ASSIGNMENT						
F.F. OFFICE USE ONLY: REGISTRATION FEE						

***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 (CONFIRMATION YEAR 1 & YEAR 2 STUDENTS ONLY):

(ADULT SIZES)

Name: _____ Cell Phone: _____ Do you text? Y N EMAIL ADDRESS: _____ T-shirt Size: S M L XL XXL
 Name: _____ Cell Phone: _____ Do you text? Y N EMAIL ADDRESS: _____ T-shirt Size: S M L XL XXL
 Name: _____ Cell Phone: _____ Do you text? Y N EMAIL ADDRESS: _____ T-shirt Size: S M L XL XXL

CLASS SELECTIONS:

Pre-K/Kinder – 5th	OR	Pre-K/Kinder – 5th	MSYM	CON Year 1	CON Year 2
Tuesday 5:00 pm – 6:15 pm		Sunday 9:00 am – 10:15 am	Tuesday 6:30 pm – 8:00 pm <i>*only day/time available</i>	1 st & 3 rd Tuesday 6:30 pm – 8:00 pm <i>*only day/time available</i>	2 nd & 4 th Tuesday 6:30 pm – 8:00 pm <i>*only day/time available</i>

EMERGENCY INFORMATION:

Emergency Contacts (other than parents):

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

Does your child(ren) have any 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 my Child(ren) for purposes of furthering the mission of the Faith Formation program, in this specific case, the creation of publication materials for youth and adults who participate in faith formation and youth events during the current school year. Photos, audio, or 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. Good Shepherd Faith Formation, as a standard practice of communication with youth and families, will be utilizing the following social media: Facebook, Snapchat, & Instagram. Any photos posted on these sites will only utilize first names of youth and adults from the parish will not tag photos. Youth, however, may go on and tag/re-tweet photos. 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.

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

ELEMENTARY, MIDDLE, & HIGH SCHOOL REGISTRATION FEES PER CHILD, <u>PER PROGRAM</u>	
1st child	\$100
2nd child	\$90
3rd child and more	\$80

**IF YOU NEED TO MAKE A PAYMENT PLAN,
PLEASE CONTACT THE COORDINATOR OF
YOUR CHILD'S PROGRAM**