

PLEASE PRINT

**CHRIST THE GOOD SHEPHERD
FAITH FORMATION
2017-2018 REGISTRATION**

LEVEL _____
(OFFICE USE ONLY)

OUR FAMILY CHOICE (MUST CHOOSE ONE OPTION)

___ 4-5:25PM CLASS TIME ___ 6-7:25PM CLASS TIME

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL ADDRESS: _____ HOME PHONE: _____

FATHER/GUARDIAN: _____ CELL # _____ WORK # _____

MAILING ADDRESS (IF DIFFERENT) _____ CITY: _____ ZIP: _____

MOTHER/GUARDIAN: _____ / _____ / _____ CELL# _____ WORK # _____
FIRST LAST MAIDEN

MAILING ADDRESS (IF DIFFERENT) _____ CITY: _____ ZIP: _____

RELIGION: FATHER _____ MOTHER _____ **CHILDREN LIVE WITH:** BOTH PARENTS / FATHER/ MOTHER / SHARED / OTHER _____
(PLEASE CIRCLE WHO THE CHILD(REN) LIVE WITH)

ARE YOU A REGISTERED MEMBER OF CGS ? YES ___ Envelope # ___ **IF NO, WHERE ARE YOU REGISTERED?** _____

*If you are not a registered parishioner of Christ the Good Shepherd you **must** provide a letter from the parish you are registered at when you turn in this form

NAME OF EMERGENCY CONTACT AND TELEPHONE NUMBER: (MUST BE SOMEONE OTHER THAN PARENT)

NAME _____ RELATIONSHIP TO CHILD _____ PHONE NUMBER _____

PLEASE PRINT CLEARLY

LIST CHILDREN **BEGINNING WITH THE OLDEST.** LIST THE GRADE THEY ARE ENTERING SCHOOL IN **SEPTEMBER 2017.**

Last Name of Child	First Name of Child	Birthdate	School Name & Grade	Baptism Date & Church	First Communion Date & Church	First Reconciliation Date & Church

[PLEASE FILL IN HEALTH AND OTHER INFORMATION ON THE REVERSE SIDE]