



**ST. GENEVIEVE PARISH - CATECHESIS OF THE GOOD SHEPHERD
2017-18 FAMILY REGISTRATION FORM**

OFFICIAL USE ONLY

Date: _____ Fee: \$ _____
 CASH CHECK Check#: _____

Please Print Clearly

FAMILY NAME: _____

CHILD(REN) FIRST NAME(S): _____

SECTION A - PARENT INFORMATION

▪ **Parent Names**

Father's Formal First & Last Name: _____ Living Deceased

Religion: _____ Nickname: _____

Mother's Formal First & Last Name: _____ Living Deceased

Religion: _____ Nickname: _____

Mother's Maiden Name: _____

▪ **Phone Numbers**

Father Cell: _____ Mother Cell: _____

Home: _____

▪ **Additional Information**

▪ **Parental Status** Married Divorced Separated Remarried Single Parent

▪ **Child Lives With...** Parents Mother Father Guardian Step-Parent

▪ **If Applicable: Step-Parent/Guardian Information**

Name: _____

Phone: _____ Cell Home Other

▪ **Child Custody Concerns**

Does St. Genevieve's need to be aware of any custody/legal concerns?

NO YES - A copy of the most recent court documents are attached.

SECTION B - FAMILY INFORMATION

▪ **Parish Registration - Is Your Family Registered at St. Genevieve's?**

YES NO - Our Church/Parish is _____ .
 NO - We do not belong to a Church/Parish.

▪ **Mailing Address**

Family Address: _____

City: _____ State: _____ Zip: _____

▪ **Email Address**

Primary: _____ **(Required)**

Secondary: _____ **(Optional)**

The **Primary Email** will be used for weather cancellations, program/calendar updates, program/parish information, student assignments, and information concerning sacramental preparation. **It will be the primary means of communication between the program and your family.**

SECTION C - EMERGENCY CONTACT (IF UNABLE TO CONTACT PARENTS/GUARDIANS)

Contact's Name: _____

Relationship to Child(ren): _____

Primary Phone: _____

PLEASE CONTINUE TO NEXT PAGE

SECTION D - CHILD INFORMATION**Child 1 - Basic Information**

Child's Formal Name: _____ NickName: _____
First Last

Birth Date: _____ Gender: Male Female

Medical Conditions: NO YES - _____

Allergies: NO YES - _____

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in you child's life that can have an impact in a classroom setting. Does you child receive learning support, take medication on a regular basis, or has your child recently experienced a life altering event (ex: death of a family member, a recent move, divorce, etc.)? NO YES

If "YES" please briefly describe (use extra paper if needed): _____

▪ Child 1 - Sacrament Information

Has your child been Baptised? NO YES - Year / Church: _____ / _____

Child 2 - Basic Information

Child's Formal Name: _____ NickName: _____
First Last

Birth Date: _____ Gender: Male Female

Medical Conditions: NO YES - _____

Allergies: NO YES - _____

Help us provide the best faith formation possible for your child by letting us know about the special circumstances in you child's life that can have an impact in a classroom setting. Does you child receive learning support, take medication on a regular basis, or has your child recently experienced a life altering event (ex: death of a family member, a recent move, divorce, etc.)? NO YES

If "YES" please briefly describe (use extra paper if needed): _____

▪ Child 2 - Sacrament Information

Has your child been Baptised? NO YES - Year / Church: _____ / _____

SECTION E - CLASS SECTION SELECTION

- Tuesday Evening** Age: 4 years old to Kindergarten Time: 6:15pm-7:35pm
 Wednesday Morning Age: 2 1/2 (by January 1 & Potty Trained) to 5 years old Time: 9am - 10am

SECTION F - CLASS FEES (Checks payable to St. Genevieve Parish.)

Class Fees \$50 For 1 Child \$50 For Each Additional Child	Fee Calculation 1 Child = \$50 # of Additional Children x \$50 = + _____ CGS Fee = _____
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SECTION G - PARENTAL PERMISSIONS + REQUIRED PARENTAL SIGNATURE

PHOTO RELEASE PERMISSION: Do you grant permission for your child's picture to appear on our parish website, bulletin boards, newspaper articles, and/or any social media in relation to events that occur as par of his/her enrollment in PREP? No names will be used to identify children in photo related material. YES NO

CONSENT FOR MEDICAL CARE: I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Programs and activities at St. Genevieve Parish.

FAMILY/PARISH PARTNERSHIP: We recognize that CGS is a partnership between the family and parish. We will do our best to bring the Catholic Faith into our home by attending Mass regularly, praying as a family and encouraging our children to fall in love with Jesus.

Parent Signature: _____

Date: _____