



**ST. GENEVIEVE PARISH
CATECHESIS OF THE GOOD SHEPHERD
2018-19 REGISTRATION FORM**

OFFICIAL USE ONLY - REV 2

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

Please Print Clearly

FAMILY NAME: _____

CHILD(REN) FIRST NAME(S): _____

SECTION A: PARENT INFORMATION

Parent Names	Father: _____	Mother: _____
Phone Numbers	Home: _____	Mother Cell: _____ Father Cell: _____
Additional Information - Check all that apply.		
Parental Status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
	Separated <input type="checkbox"/>	Remarried <input type="checkbox"/>
	Single Parent <input type="checkbox"/>	
Child Lives With...	Parents <input type="checkbox"/>	Mother <input type="checkbox"/>
	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
	Step-Parent <input type="checkbox"/>	
If Applicable: Step-Parent/Guardian Information		
	Name: _____	
	Phone: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
Child Custody Concerns	<input type="checkbox"/> NONE <input type="checkbox"/> YES - A copy of the most recent court documents are attached.	

SECTION B: FAMILY INFORMATION

Family Parish	<input type="checkbox"/> St. Genevieve / Parish ID Number: _____	This number can be found on the envelopes that you receive from St. Genevieve's.
	<input type="checkbox"/> My Parish is _____	
Family Mailing Address	Street: _____	
	City: _____	State: _____ Zip: _____
Family 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: SESSION SELECTION

LEVEL 1 (3yrs old through Kindergarten)

CGS L1 - Sundays:		
_____ CGS-S1 <i>Child's Name(s):</i> _____ Class begins at 8:05am. Children will join 9:00am Mass at Offertory.	_____ CGS-S2 <i>Child's Name(s):</i> _____ Class begins at 9:35am. Children will join 10:30am Mass at Offertory.	_____ CGS-S3 <i>Child's Name(s):</i> _____ Class begins at 11:05am. Children will join Noon Mass at Offertory.
CGS L1 - Wednesdays:	CGS L1 - Thursdays:	
_____ CGS-W <i>Child's Name(s):</i> _____ Class Time is from 9am-10:15am.	_____ CGS-Th <i>Child's Name(s):</i> _____ Class Time is from 3pm-4:45pm.	

Location: St. Genevieve's Atrium in Delaney Hall

Address: St. Genevieve Church
 1225 Bethlehem Pike
 Flourtown, PA 19031

Contact: StGensPREP@gmail.com 215-233-8934

SECTION D - STUDENT INFORMATION (For School Year 2018-19)**Child 1**

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

Birth Date: _____ Gender: Male Female

Food Allergies: NO YES - _____

Medical Conditions: NO YES - _____

2018-19 School Data

- Preschool Kindergarten 1st Grade 2nd Grade

School Name: _____

Information to be shared with Teachers: This includes any need for reading/writing help, recent 'big' events in the family (new baby, new house, death in the family, etc.)

- NO YES - Please describe - use additional paper if needed.

Will your child possibly need special class considerations and/or catechist intervention medically or emotionally?

- NO YES - Please fill out Addendum 1: Extra InClass Support.

Prior Religious Education

- NO YES - Where? _____

Sacrament Information (Must Provide a Copy of Baptismal Certificate unless baptised at St. Genevieve.)

Baptism: NO YES - Year / Church: _____ /

First Reconciliation: NO YES - Year / Church: _____ /

First Communion: NO YES - Year / Church: _____ /

Child 2

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

Birth Date: _____ Gender: Male Female

Food Allergies: NO YES - _____

Medical Conditions: NO YES - _____

2018-19 School Data

- Preschool Kindergarten 1st Grade 2nd Grade

School Name: _____

Information to be shared with Teachers: This includes any need for reading/writing help, recent 'big' events in the family (new baby, new house, death in the family, etc.)

- NO YES - Please describe - use additional paper if needed.

Will your child possibly need special class considerations and/or catechist intervention medically or emotionally?

- NO YES - Please fill out Addendum 1: Extra InClass Support.

Prior Religious Education

- NO YES - Where? _____

Sacrament Information (Must Provide a Copy of Baptismal Certificate unless baptised at St. Genevieve.)

Baptism: NO YES - Year / Church: _____ /

First Reconciliation: NO YES - Year / Church: _____ /

First Communion: NO YES - Year / Church: _____ /

Child 3

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

Birth Date: _____ Gender: Male Female

Food Allergies: NO YES - _____

Medical Conditions: NO YES - _____

2018-19 School Data

- Preschool Kindergarten 1st Grade 2nd Grade

School Name: _____

Information to be shared with Teachers: This includes any need for reading/writing help, recent 'big' events in the family (new baby, new house, death in the family, etc.)

- NO YES - Please describe - use additional paper if needed.

Will your child possibly need special class considerations and/or catechist intervention medically or emotionally?

- NO YES - Please fill out Addendum 1: Extra InClass Support.

Prior Religious Education

- NO YES - Where? _____

Sacrament Information (Must Provide a Copy of Baptismal Certificate unless baptised at St. Genevieve.)

Baptism: NO YES - Year / Church: _____ /

First Reconciliation: NO YES - Year / Church: _____ /

First Communion: NO YES - Year / Church: _____ /

Child 4

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

Birth Date: _____ Gender: Male Female

Food Allergies: NO YES - _____

Medical Conditions: NO YES - _____

2018-19 School Data

- Preschool Kindergarten 1st Grade 2nd Grade

School Name: _____

Information to be shared with Teachers: This includes any need for reading/writing help, recent 'big' events in the family (new baby, new house, death in the family, etc.)

- NO YES - Please describe - use additional paper if needed.

Will your child possibly need special class considerations and/or catechist intervention medically or emotionally?

- NO YES - Please fill out Addendum 1: Extra InClass Support.

Prior Religious Education

- NO YES - Where? _____

Sacrament Information (Must Provide a Copy of Baptismal Certificate unless baptised at St. Genevieve.)

Baptism: NO YES - Year / Church: _____ /

First Reconciliation: NO YES - Year / Church: _____ /

First Communion: NO YES - Year / Church: _____ /

SECTION E: REGISTRATION FEE (Checks payable to St. Genevieve Parish.)

\$50 For 1 Child
\$100 For 2 Children
\$150 For 3 Children
\$200 For 4 or more Children

SECTION F - PHOTO RELEASE PERMISSION

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

SECTION G - PARENTAL PERMISSIONS + REQUIRED PARENTAL SIGNATURE

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 being actively involved in our child's Faith Formation.

Parent Signature: _____

Date: _____

