

Mary Queen of Peace Parish Catechesis of the Good Shepherd
Atrium Registration

Family Name _____

Address _____ City _____ Zip _____

Home phone _____ E-mail _____

Father's name _____ Cell phone _____ Religion _____

Mother's name _____ Cell phone _____ Religion _____

Child(ren) live with: Both parents Mother Father

Registered in Mary Queen of Peace parish? Yes _____ No _____

Child's name _____ Date of Birth _____

Church where Baptized _____ Baptismal Date _____

Any special needs? Yes* _____ No _____

*Please specify on 2nd page

Child's name _____ Date of Birth _____

Church where Baptized _____ Baptismal Date _____

Any special needs? Yes* _____ No _____

*Please specify on 2nd page

Session Choice:

_____ Level 1: Sunday, 8:45-10:45 am

_____ Level 2: Thursday, 6:30-8:00 pm

_____ Level 3: Wednesday, 6:30-8:00 pm

Annual Tuition: \$230*

* Checks made payable to Mary Queen of Peace

*Registration is first come first serve and families whose check accompanies this form receive priority. Each session accommodates 10 - 12 children. If space fill up, we will keep a waiting list.

People Authorized to take child(ren) from the Catechesis of the Good Shepherd program:

Name _____ Name _____

Name _____ Name _____

Signature of Parent/Guardian

Date

Mary Queen of Peace Parish Catechesis of the Good Shepherd
Special Needs and Emergency Information

Child's name: _____

Part 1: Confidential Information Regarding Special Needs

To help us better serve you children's needs, does he have any special health needs, which we should be aware of, such as asthma, allergies, etc.?

Is he or she on medication or have any physical limitations?

Does your child have any special learning needs, which we should be aware of?

Part 2: EMERGENCY INFORMATION

Please list the names of two contacts available during Catechesis of the Good Shepherd session that you authorize to care for or direct care for your child(ren) in the event that you cannot be contacted.

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

IN THE CASE OF SERIOUS ILLNESS, I REQUEST THAT CATECHESIS OF THE GOOD SHEPHERD PROGRAM ADMINISTRATORS CONTACT ME. IF THEY ARE UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN INDICATED BELOW AND TO FOLLOW THE INSTRUCTIONS GIVEN. IF IT IS NOT POSSIBLE TO CONTACT THIS PHYSICIAN, I FURTHER AUTHORIZE THE ADMINISTRATORS TO MAKE NECESSARY ARRANGMENTS TO CARE FOR THE CHILD.

PHYSICIAN NAME _____

OFFICE PHONE # _____ **EMERGENCY #** _____

PREFERRED HOSPITAL _____

Signature of Parent/Guardian

Date