



Catechesis of the Good Shepherd

St. Catherine's Episcopal Church

Registration for Children's Christian Formation, 2016-17

Age 3 (by Sept. 1, 2016) to 6th grade

Child's name (First and Last): _____

DOB: _____ Grade in School: _____

Home Address (Address or addresses where you would prefer to receive mailed CGS information): _____

Home Phone: _____

Email Address (Address or addresses where you would prefer to receive CGS information): _____

First Parent or Contact Person:

Name: _____

Relationship to child: _____

Cell phone: _____

Second Parent or Contact Person:

Name: _____

Relationship to child: _____

Cell phone: _____

**Contact for during Church School hour (in case of an emergency, who should we try to locate, who actually attends church with the child; their name, number, and church location if known): _____

Special concerns:

Are there any special needs or learning styles that will help us know your child better and guide us in our interactions with your child in the atrium? Are there any medical conditions that we should be aware of (inhalers, epi pens, etc.)? _____

CGS at St. Catherine's has a Facebook page. We respect your child's privacy. Please check the appropriate box below whether or not you give permission for your child's picture to appear on the website and/or Facebook page. I give permission for my child's picture to appear on the St. Catherine's website and/or Facebook page. I do NOT give permission.

Parent Signature: _____ Date: _____