

**Catechesis of the Good Shepherd &  
7<sup>th</sup> & 8<sup>th</sup> Grade Youth Group**  
Registration Form 2016-2017

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother/Guardian

Father/Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

email \_\_\_\_\_

email \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Marital Status:  Married  Divorced  Widowed  Single

Child resides with \_\_\_\_\_

Mail should be addressed to \_\_\_\_\_

Sacraments received:  Baptism  Reconciliation  First Eucharist  Confirmation

Session Preference: Please put a check mark by your first choice. Classes are capped at 12 students per session.

Level 1 is for 3 year-olds through Kindergarten; Level 2 is 1<sup>st</sup> through 3<sup>rd</sup> grades; Level 3 is 4<sup>th</sup> through 6<sup>th</sup> grades.

Level 1 9am to 10:45am       Level 2 9am to 10:45am       Level 3 12:45pm to 2:30pm

Level 1 12:45pm to 2:30pm       Level 2 12:45pm to 2:30pm

7<sup>th</sup> & 8<sup>th</sup> Grade Youth Group 3:15pm to 5:15pm

Transportation needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Persons Allowed to pick up child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you help with carpooling? yes no

How many extra seats\_\_\_\_\_

Does your child speak a language other than English as their first language?

yes no Language\_\_\_\_\_

Does your child have any medical conditions, disabilities, or special needs?

yes no

If yes, how can we help your child participate as fully as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information** (other than parent):

Name\_\_\_\_\_ Phone:\_\_\_\_\_ Relationship:\_\_\_\_\_

Name\_\_\_\_\_ Phone:\_\_\_\_\_ Relationship:\_\_\_\_\_

Name\_\_\_\_\_ Phone:\_\_\_\_\_ Relationship:\_\_\_\_\_

**Emergency Medical Care Consent Form:**

The Cathedral of the Nativity of the Blessed Virgin Mary is authorized to secure emergency medical care for my child when a parent cannot be reached at the time of emergency. A parent will be responsible for the emergency medical charges upon receipt of statement. The preferred doctor is:\_\_\_\_\_

\_\_\_\_\_  
Date\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Student