## C:\Users\Janice\Dropbox\Documents\My Documents\All others\Window Good Shepherd- 3.jpg

***Good Shepherd Catholic Church Faith Formation Registration 2024 – 2025***

**Date Registering:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY NAME**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

**City Zip**

**Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your family registered at Good Shepherd Church: Yes No**

**Registration: Parishioners - $40.00 per child/ $85.00 cap for a family**

**Sessions begin Sunday, September 15, 2024**

**Grades K-5: 9:45 -11:15 am Grades 6-12: 1-2:30 pm**

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| **NAME** | **DOB & AGE** | **CHURCH OF BAPTISM TOWN/STATE** | **SACRAMENTS**  **PREVIOUSLY RECEIVED** | **LAST F.F. GRADE** | **F.F. LVL 2023** |
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**NOTE: If your child was not baptized at Good Shepherd, a copy of the baptismal certificate is required for those preparing to receive Sacraments.**

**FIRST RECONCILIATION AND FIRST HOLY COMMUNION PREPARATION:** Parents/Guardians of children in second year of preparation to receive these sacraments are expected to attend weekly parent sessions Sunday from 9:45-11:15 a.m. Please indicate name(s) of the parent/guardian attending:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIRMATION PREPARATION:**

Parents/Guardians of teens in grades 9 & 10 are expected to attend certain sessions with your teen during Confirmation Sessions Sunday from 1:00 – 2:30 pm. Please indicate the name of parent/guardian attending:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NAME** | **SPECIAL CONSIDERATIONS: SAFETY, HEALTH, ALLERGIES**  **ANYTHING WE NEED TO KNOW TO HELP YOUR CHILD** |
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**EMERGENCY CONTACT:** (*Other Than Parents/Guardians*):

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_**

**EMERGENCY INFORMATION:**

**MEDICAL INFORMATION/RELEASE:**

As parent/guardian, I certify that the registered children listed on this form have health/ accidental/medical insurance coverage as follows:

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GOOD SHEPHERD AND THE DIOCESE OF RALEIGH ARE NOT RESPONSIBLE BEYOND THE LIMITS OF YOUR COVERAGE.**

As parent/guardian, I certify that I understand if my children have no health/accident/medical insurance coverage, my signature on this form assures the church that I will be responsible for the payment in full of all expenses which may occur due to illness or injury relative to any Faith Formation activity in which my children participate. As parent/guardian, I give my permission to the Adult Advisors or their designees to request usual and customary medical/safety services for my children if needed at any Faith Formation activity in which my children participate with the understanding that I will cover all such emergency costs not covered by my insurance.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO PERMISSION/Please initial the following:**

­­­\_\_\_\_\_\_\_\_\_\_\_ **As parent/guardian, I understand that** **I need to notify the Faith Formation Office in writing that I *DO NOT* want pictures (individual or group) of my child taken during sessions or parish events**.

**Please answer the following questions for our Parish to assist you:**

* Do you attend Sunday Mass weekly as a family? Yes No
* Are you a military family that would benefit with help from our parish during deployments? Yes No
  + Would you like to be contacted? Yes No
* Would you be interested in helping with the Faith Formation Program of our parish? Yes No
* Are you interested in Adult Faith Formation? Yes No

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**OFFICE USE ONLY: DATE PD: \_\_\_\_\_\_\_\_\_ TUITION: $\_\_\_\_\_\_ CASH\_\_\_\_\_\_\_ CK#;\_\_\_\_\_\_\_\_\_ #ATTENDING:\_\_\_\_\_\_\_**