

**NON-ENVELOPE USER**

Will our parish files indicate that you contribute on a weekly basis through envelopes or parish pay?

(will be verified)

For Office Use Only

Date\_\_\_\_\_

Check # \_\_\_\_\_

Amount\_\_\_\_\_

Bal. Due\_\_\_\_\_

Rec'd by\_\_\_\_\_

\_\_\_\_ Yes

\_\_\_\_ No (Please add \$250 to tuition below)

**REGISTRATION FORM**

**FAMILIES WITH CHILDREN CURRENTLY IN ATTENDANCE**

(Form & tuition should be returned at registration, any Sunday in May, 2019)

*Classes are from 9:00 – 10:30a.m. on Sundays except for the Modular Program*

**TUITION (includes textbooks) 2019-2020**

\$350 for **One** Child

**1<sup>st</sup> – 6<sup>th</sup> Grade Sunday a.m.**\_\_\_\_\_

\$450 for **Two or More** Children

**7<sup>th</sup> & 8<sup>th</sup> Grade Sunday a.m.**\_\_\_\_\_ **7<sup>th</sup> Grade Modular**\_\_\_\_\_

Scholarship Donation\_\_\_\_\_

**9<sup>th</sup> Grade Confirmation Class**\_\_\_\_\_

*Thank you!*

**Catechesis of the Good Shepherd, Sunday 9:00 a.m. Level 1\_\_Level 2\_\_ (limited enrollment)**

\_\_\_\_\_  
Family Name of Children

\_\_\_\_\_  
Family Name of Parent(s) If Different

FIRST NAME of CHILD	SCHOOL ATTENDING 2019-20	GRADE in REL. ED.	MEDICAL/EDUCATIONAL INFORMATION (CONFIDENTIAL)*
*Please indicate any special information that would be helpful to know about your child; learning disabilities, medical problems, reading difficulties, behavioral difficulties, etc.			

**IMPORTANT: Please update information on the back of this form including names of new children entering the program.**

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Phone Number

**Over>>>>>>>>**

**FAMILY INFORMATION UPDATE**

Fill out the following **even** if there has **not** been a recent change especially **cell phone numbers & email adds.**

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FATHER'S  
OCCUPATION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

E-MAIL ADDRESS

DAD(work) \_\_\_\_\_ (home) \_\_\_\_\_

MOTHER'S  
OCCUPATION \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

E-MAIL ADDRESS

MOM(work) \_\_\_\_\_ (home) \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

CELL PHONE (DAD) \_\_\_\_\_

CELL PHONE(MOM) \_\_\_\_\_

**Information Needed For New Students Only**

<b>FIRST NAME</b>	<b>SCHOOL</b>	<b>GRADE</b>	<b>DATE OF BIRTH</b>	<b>DATE OF BAPTISM</b>
(1)				
(2)				

Name and Address of Church of Baptism:

(1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A copy of the Baptismal Certificate must accompany this form if not baptized at Holy Name of Mary**