



Good Shepherd Catholic Church
KIDS' CREED STUDENT (Gr 1-6)

<p>*Class Times: Wednesday 4:30-5:30 (AFT) Wednesday 6:30-7:30 (EVE)</p>	<p>For office use only:</p>
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REGISTRATION & EMERGENCY INFORMATION FORM

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Family LAST Name: _____
 Address _____
 Home Phone _____ Cell Phone _____
 E-Mail _____

Name _____ Grade _____ Gender _____ Birthdate _____ School _____ *Class _____
 Name _____ Grade _____ Gender _____ Birthdate _____ School _____ *Class _____
 Name _____ Grade _____ Gender _____ Birthdate _____ School _____ *Class _____
 Name _____ Grade _____ Gender _____ Birthdate _____ School _____ *Class _____

Please indicate below if a child in Gr. 3-6 has NOT RECEIVED THE SACRAMENTS OF RECONCILIATION & EUCHARIST (Confession and First Communion):

Name(s) _____

Parent/Guardian _____ Day Phone _____ Work Phone _____

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C.**

Please list student and explain ANY CURRENT MEDICATIONS, health conditions and/or disabilities (*i.e., diabetes, epilepsy, severe allergies, vision/hearing impairment, learning disability, etc.*)

Student Name _____ Condition(s) _____

Student Name _____ Condition(s) _____

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PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM GOOD SHEPHERD IN THE EVENT OF AN EMERGENCY WHEN YOU CANNOT BE LOCATED: (*You must list at least two names and numbers*)

Name	Relationship	Address	Phone(s)
_____	_____	_____	_____
_____	_____	_____	_____

**H
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IN AN EXTREME EMERGENCY: If your child should become seriously ill or injured at Good Shepherd and you and the physician cannot be reached within a reasonable length of time, may we have permission to take appropriate action to see that your child gets emergency hospital care? _____

Hospital Preference _____

Physician Name _____ Phone _____

Parent's Signature _____ Date _____

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S**

My signature below indicates that Good Shepherd Parish has permission to use photos of my child(ren) participating in parish activities in official parish publications. Children will not be identified by name.

Parent's Signature _____ Date _____

Kids' Creed Class Sessions are on WEDNESDAY 4:30-5:30 or 6:30-7:30

**Book fee: \$65 per child; \$75 LATE FEE CHARGE
 if registrations are made after Wednesday, September 7.**



Good Shepherd Catholic Church
 Kids' Creed Weekly VOLUNTEERS
**Gr 1-6 STUDENT REGISTRATION &
 EMERGENCY INFORMATION FORM**

<p>*Class Times: Wednesday 4:30-5:30 (AFT) Wednesday 6:30-7:30 (EVE)</p>	<p>For office use only:</p>
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F Family **L**AST Name: _____
A Address _____
M Home Phone _____ Cell Phone _____
I E-Mail _____
L Name _____ Grade _____ Gender _____ Birthdate _____ School _____ *Class _____
Y Name _____ Grade _____ Gender _____ Birthdate _____ School _____ *Class _____
 Name _____ Grade _____ Gender _____ Birthdate _____ School _____ *Class _____
 Name _____ Grade _____ Gender _____ Birthdate _____ School _____ *Class _____
Please indicate below if a child in Gr. 3-6 has NOT received the sacraments of Reconciliation and Eucharist:
 Name(s) _____
 Parent/Guardian _____ Day Phone _____ Work Phone _____
 Parent/Guardian _____ Day Phone _____ Work Phone _____

M Please list student and explain ANY CURRENT MEDICATIONS, health conditions and/or disabilities (*i.e., diabetes, epilepsy, severe allergies, vision/hearing impairment, learning disability, etc.*)
E Student Name _____ Condition(s) _____
D _____
S Student Name _____ Condition(s) _____
E _____
T _____
C. _____

P PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM GOOD SHEPHERD IN THE EVENT OF AN
I EMERGENCY WHEN YOU CANNOT BE LOCATED: (*You must list at least two names and numbers*)
C **Name** **Relationship** **Address** **Phone(s)**
K _____
U _____
P _____

H **IN AN EXTREME EMERGENCY:** If your child should become seriously ill or injured at Good Shepherd and you
O and the physician cannot be reached within a reasonable length of time, may we have permission to take
S appropriate action to see that your child gets emergency hospital care? _____
P Hospital Preference _____
I Physician Name _____ Phone _____
T Parent's Signature _____ Date _____
A _____
L _____

P My signature below indicates that Good Shepherd Parish has permission to use photos of my child(ren) participating in
H parish activities in official parish publications. *Children will not be identified by name.*
O Parent's Signature _____ Date _____
T _____
O _____
S _____

Kids' Creed Class Sessions are on WEDNESDAY 4:30-5:30 or 6:30-7:30

Book fee for Children of Weekly Volunteers: \$20 per child