

ATRIUM REGISTRATION FORM

Parish of Corpus Christi Catholic Church

Catechesis of the Good Shepherd Religious Formation

School Year 2018-2019 Level 1

Please indicate one:

- New student/1st year
- Returning student: 2nd year
- Returning student: 3rd year

Please fill out one form for each child:

Child's name: _____

Birth date: _____ Age on Sept. 1, 2018 _____
(Toilet Independent)

Home Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail address _____

Mother's name: _____

Father's name: _____

On Sept. 1, 2018 if your child will be attending school, please list the school name, hours and days:

Please list the names & ages of other children whom you are registering for the Atrium Program:

<u>DAY</u>	<u>SESSION TIME</u>	(Choose One)
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Tuesday	9:30-11:00 am	_____
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Wednesday	9:30-11:00 am	_____
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REGISTRATION FEES: 1 CHILD: \$75 2 CHILDREN: \$125 3 OR MORE CHILDREN: \$150

FILL OUT OTHER SIDE

Like all the Catholic Education Programs, the Catechesis of the Good Shepherd Religious Formation is a co-operative ministry. The success of your child’s religious formation depends on your participation.

Please indicate what is applicable for you as the parent for the school year 2017-2018

- I am a trained catechist for the Catechesis of the Good Shepherd. ♦
- I am interested in aiding in the Atrium on a weekly basis. ♦
- I am willing to help with weekly room set-up or take-down of the Atrium. ♦
- I am interested in more information about training to become a catechist.

♦ Any parent committed to helping in the Atrium on a weekly basis (either as a Catechist, Room Assistant, Set-up or Take-down person) will *not* be put into a rotation of helping with the childcare during their Atrium session.

I understand that my child’s participation in the Catechesis of the Good Shepherd program requires a cooperative effort. I agree to provide consistent parent support and to help this program.

Signed: _____ Date: _____

FOR OFFICE USE ONLY ♦ FOR OFFICE USE ONLY ♦ FOR OFFICE USE ONLY

Date Form Received _____ Child placed in session: _____ Date Payment Received: _____ Check # _____ Check Amt. _____ Charge Amt. _____ Cash Amt. _____ Receipt # _____ PDS: _____
Atrium Reg. Form 2018-2019