GOOD SHEPHERD LEVEL I - FAITH FORMATION REGISTRATION FORM
Spring 2017

PARENT(S):_____ HOME PHONE NO._____

ADDRESS_____

CELL PHONE NO._____ WORK PHONE NO._____

E-MAIL ADDRESS(ES): _____

All families MUST BE registered Parishioners. Check here if you are NOT registered: □

Material Fee - $10.00

Kindergarten & Rising Kindergarten

NAME OF CHILD/CHILDREN REGISTERING FOR GOOD SHEPHERD FAITH FORMATION

CHILD'S NAME: _____ □ Male □ Female
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ /_____/ _____
Month Day Year

Sacrament Received: □ Baptism _____
Date

Allergies: _____

CHILD'S NAME: _____ □ Male □ Female
First Middle Last

Goes By Name (nickname) _____ Birth Date _____ /_____/ _____
Month Day Year

Sacrament Received: □ Baptism _____
Date

Allergies: _____

Additional Comments and/or Suggestions that would be helpful for us to serve your child(ren)-
(Please use reverse side).

Good Shepherd will start on March 12, 2017
Immediately following the 9:00 a.m. Mass to 11:30 a.m.

Permission to take pictures and display Yes _____ No _____

Please let us know if you can assist in any way with our Faith Formation Program!
Thank you, and God Bless!