

Religious Education Registration Form
Good Shepherd Parish
2022-2023 School Year

FAMILY NAME: _____
 MAILING ADDRESS: _____
 ZIP: _____ HOME PHONE NO: _____

FATHER/GUARDIAN'S NAME: _____
 ADDRESS: _____ ZIP: _____
 Religion: _____ Marital Status: _____
 Occupation: _____ Email: _____
 Work Phone: _____ Cell Phone: _____

MOTHER/GUARDIAN'S MAIDEN NAME: _____
 ADDRESS: _____ ZIP: _____
 Religion: _____ Marital Status: _____
 Occupation: _____ Email: _____
 Work Phone: _____ Cell Phone: _____

INFORMATION SHOULD BE SENT TO: Father Mother Both Other:

STUDENT INFORMATION

Child's Full Name	M/F	Grade	Date of Birth	IEP- Yes or no Specify needs	Allergies List	Sacraments Received

Emergency contact: _____ **Phone:** _____

If emergency treatment is required, and the parents/guardians cannot be reached immediately, your signature in the space provided below empowers parish authorities to exercise their own judgment to transport your child to a hospital emergency room. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Parent's signature: _____ **Date:** _____

Check one for pictures to be used on social media: Parish website and facebook page

- I give permission for my child(ren)'s image to be used on the Parish website and Facebook page
- I do not give permission for my child(ren)'s image to be used on the Parish website and Facebook page

All children must be registered PRIOR to attending classes!

If any of these fees create a financial burden, please contact the RE Office at 920-849-9363 ext. 117 or email goodshepherd.reprogram@gmail.com. Payment plans and tuition assistance are available. No one shall be denied a Catholic Christian Education based solely on his/her inability to pay tuition.

Religious Education Fees

Fees	Number of Children	Total Cost
Member Registration Fee - \$85.00/child (\$200/family of 3 or more)		=
Non-Parish Member Fee - \$145.00/child		=
First Reconciliation & First Communion - \$40.00/child		=
Confirmation Fee - \$60.00/child*		=
<i>Late fee if this is submitted after August 29th</i> - \$10.00		=

*Pay with Confirmation Registration form

Total Amount: \$ _____

Payment Options: Cash or Checks made payable to **Good Shepherd Parish**
Mail or drop off registration: Rectory Office by Diane or Chilton Area Catholic School Office

Our program can only run smoothly & be the best that it can be with your help!

Please volunteer in one or more ways: (VIRTUS is required)

- | | |
|---|-------------------------------------|
| _____ Being a catechist (teacher) in grade _____ | _____ Being a classroom aide |
| _____ Monitoring the door/ hallway before/after classes | _____ Being a substitute teacher |
| _____ Office Manager (sit in RE office during class) | _____ Helping with special projects |
| _____ Serving on the RE Committee | _____ Small group retreat leader |

RE Highlights & Contract Agreement

- **Time of Classes**
 - 6:00-7:15 Grades 1-5
 - 6:30 - 8:00 Grades 6-11 and one retreat
 - 6:30-8:00 Grade 12/Confirmation

- **Prayer Knowledge**
 - Please take note of the prayers your child is expected to **know**.
 - Prayers and teachings correlate with textbooks and sacramental needs

Please make your parental statement about WHY you want your child(ren) enrolled in Religious Education classes. Finish this statement - I want my child to receive Catholic instruction on Wednesday nights because.....

Your signature on this form represents your agreement to pay all FEES associated with the RE program and states that you have READ and UNDERSTAND the HANDBOOK, and that you firmly believe in your written statement above.

Signature of Parent or Guardian _____ **Date** _____