

Good Shepherd Children's Faith Formation Registration: 2020-2021

Family Surname _____ Pronounced _____ Phone _____

Address _____ City/State _____ Zip _____

Family E-mail _____ Emergency Contact Person _____

Parents: (family student lives with, please) _____ Emergency # (cell phone) _____

Male Name _____ Religion _____ Occupation _____ Work Tel # _____

Female Name _____ Religion _____ Occupation _____ Work Tel # _____

Other Address to send information: Name _____ Address _____

Child's Name(s) (& last name if different)	Sex	Birthday	Check (✓) Sacraments Celebrated				2020-21 School Grade	Register Student for CFF Day & Time	Office use Class Code
			Baptism	Penance	1 st Com	Confirm.			
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Please note names of any children listed above who (will) attend Trinity Catholic School in 2020-21 _____

Baptismal Certificate: Needed for Grades 1, 2, Children's or Youth RCIA, or Confirmation) Programs.
Please indicate if Baptism is Catholic: Yes _____ No _____

Please note any special needs or issues and how we can assist your child:

Child's Name & Information: _____

Child's Name & Information: _____

*** Please check here if one or more parents will be a catechist (religion teacher) in 2020-21 Yes _____

Fees: ** NO LATE FEES THIS YEAR DUE TO COVID-19 ** ALSO - NO INCREASE IN FEES THIS YEAR

\$55 – Catechesis of Good Shepherd (CGS) (Level 1 = 3-5 year olds; Level 2 = Gr 1-3) _____

\$45 – each CFF student in PK4, Kindergarten, Grades 1-8 (Includes EDGE) _____

\$50 – Confirmation fee (required for ALL Confirmation students) _____

\$45 – RCIA for Children or Youth Program (sacrament program for students other than the ordinary schedule) _____

Other: Home Program: \$25 (not approved for Grades 1, 2, 7 & 8; contact Dee Lopez) _____

Family Maximum: \$160 (make check payable to "Good Shepherd") **TOTAL DUE \$** _____

Note: **Fees are requested but not required at registration.** Fees may be split, paid later, or waived in cases of need.

Office Use Only CFF Registration Date: _____

Total Due: _____ Date Paid: _____ Check #/Cash: _____ Balance: \$ _____

Date Paid: _____ Check #/Cash: _____ Balance: \$ _____

Please Submit signed Media & Medical Authorization Form as well