



If registering adult(s) only complete Section 1. If registering child(ren) or family complete Section 2. (Due by Aug 29th)

SECTION 1

ADULT AND YOUNG ADULT PARTICIPANTS (post High School)

Name _____

Address _____

Primary Phone _____ Additional Phone _____

Primary Email _____ (Communication will be sent to cell or email via Flocknote.)

SECTION 2

FAMILY REGISTRATION INFORMATION (required field if registering child(ren))

Father's Name _____ Father's Cell _____

Mother's Name _____ Mother's Cell _____

Address _____

Primary Email _____ Primary Phone _____

Communication will be sent to cell or email via Flocknote

YDISCIPLE PARTICIPANTS – Grades 6-12

Name _____ DOB __/__/____ Current Grade _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

List the name(s) of 1-2 adult(s) you would prefer to have serve as your child's mentor

Name _____ DOB __/__/____ Current Grade _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

List the name(s) of 1-2 adult(s) you would prefer to have serve as your child's mentor

Name _____ DOB __/__/____ Current Grade _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

List the name(s) of 1-2 adult(s) you would prefer to have serve as your child's mentor

ELEMENTARY FAITH FORMATION PARTICIPANTS – Grades 4 – 5

Name _____ DOB ___/___/___ Current Grade _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

Name _____ DOB ___/___/___ Current Grade _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

CATECHESIS OF THE GOOD SHEPHERD ATRIUM – PreK (age 4) – Grade 3

Name _____ DOB ___/___/___ Current Grade _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

Name _____ DOB ___/___/___ Current Grade _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

Name _____ DOB ___/___/___ Current Grade _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

Name _____ DOB ___/___/___ Current Grade _____

Please list any medical conditions/special needs (food allergies, medical issues, etc.)

Please check the dates you are available to assist in atrium (3 evenings per family):

- | | | | | | | |
|-------------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 9/8 | <input type="checkbox"/> 9/15 | <input type="checkbox"/> 9/22 | <input type="checkbox"/> 9/29 | <input type="checkbox"/> 10/6 | <input type="checkbox"/> 10/20 | <input type="checkbox"/> 10/27 |
| <input type="checkbox"/> 11/3 | <input type="checkbox"/> 11/10 | <input type="checkbox"/> 11/17 | <input type="checkbox"/> 12/1 | <input type="checkbox"/> 12/8 | <input type="checkbox"/> 12/15 | <input type="checkbox"/> 1/5 |
| <input type="checkbox"/> 1/12 | <input type="checkbox"/> 1/19 | <input type="checkbox"/> 1/26 | <input type="checkbox"/> 2/2 | <input type="checkbox"/> 2/9 | <input type="checkbox"/> 2/16 | <input type="checkbox"/> 2/23 |
| <input type="checkbox"/> 3/9 | <input type="checkbox"/> 3/30 | <input type="checkbox"/> 4/6 | <input type="checkbox"/> 4/13 | <input type="checkbox"/> 4/20 | | |

Permission to Photograph: Photographs of the children may occasionally be taken during Faith Formation classes, family events or special celebrations/masses. I hereby give permission for my son/daughter(s) listed above to be photographed or videotaped at or by the St. Anthony/St. Nicholas Faith Formation programs. I understand that the photos may be published in the bulletin, newsletters, the parish website or any other publication. The video may be used for information or educational purposes regarding the programs and curriculum.

I give my permission _____ I do NOT give my permission _____

Parent Signature _____

Date _____