



# St. Clement of Rome Catechesis of the Good Shepherd

1510 Bopp Road  
St. Louis, MO 63131

## CGS Toddler Parent/Child Class Registration

(Ages 15 months-3 years old)

2021/2022

Due August 1<sup>st</sup>

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Work Phone (    ) \_\_\_\_\_

Father's Cell (    ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work Phone (    ) \_\_\_\_\_

Mother's Cell (    ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Is your family registered in the parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, where are you registered? \_\_\_\_\_

CHILD'S NAME

DATE OF BIRTH

(Please include all children you plan to bring to the class including infant in arms)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRESENT A COPY OF STUDENT BAPTISMAL CERTIFICATE WITH  
REGISTRATION.**

TUITION - \$100 per 8-week session; \$75 per 6 week-session

(FOR OFFICE USE ONLY)

Tuition Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ TOTAL PAID \_\_\_\_\_

**EMERGENCY INFORMATION**

**Date** \_\_\_\_\_

In case of a serious accident or serious illness, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, the school may make the appropriate arrangements for the care of my child.

\_\_\_\_\_  
Signature of parent or guardian

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Home / Exchange \_\_\_\_\_

Hospital \_\_\_\_\_

Do any of your children receive any Special Services at their school or after hours? No \_\_\_\_ Yes \_\_\_\_

Explain below:

(CHILD) \_\_\_\_\_

(CHILD) \_\_\_\_\_

PLEASE NOTE THAT MY CHILD HAS SPECIAL MEDICAL NEEDS OR IS ON THESE MEDICATIONS:

(CHILD) \_\_\_\_\_

(CHILD) \_\_\_\_\_

**SESSION PREFERENCES:** Please circle the session you would like to enroll in. Space in this class is limited. If circling more than one, please list your preferences, 1 being first preference, 2 second preference.

Classes are held Thursdays from 10am-12.

Session 1 (September 16, 23, 30, October 7, 14, 21, 28, November 4) \_\_\_\_\_

Session 2 (November 18, December 2, 9, January 13, 20, 27) \_\_\_\_\_

Session 3 (February 3, 10, 17, 24, March 3, 10, 24, 31) \_\_\_\_\_

Session 4 (April 7, 14, 21, 28, May 5, May 12) \_\_\_\_\_

The Tuesday class from 10am-12 currently has a waitlist. If you would like to be added to the waitlist for Tuesday check here \_\_\_\_\_

Please return your registration to Michelle Muck at [cgs@scrome.org](mailto:cgs@scrome.org). Once you have a confirmed spot in the class, tuition is due by August 1.