



St. Clement of Rome Catechesis of the Good Shepherd

1510 Bopp Road
St. Louis, MO 63131

CGS Level I Registration (Preschoolers: 3-5 years old)
2021/2022
Due August 1st

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

I am aware that my child needs to be fully potty trained for this class. Initial here _____

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

TUITION - \$250.00 per child

(FOR OFFICE USE ONLY)

Tuition Amount Paid _____ Date Paid _____

TOTAL PAID _____

EMERGENCY INFORMATION

Date _____

In case of a serious accident or serious illness, I request the school contact me. 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 _____

Name two neighbors or relatives who will assume temporary care of your child if you cannot be reached.

Name _____

Address _____ Phone (____) _____

Name _____

Address _____ Phone (____) _____

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) _____

Please return your registration form to Michelle Muck at cgs@scrome.org. Once you have a confirmed spot in the class, please submit the tuition payment by August 1.