

Catechesis of the Good Shepherd Level 1 Atrium Registration Form (3-6 years old)

Mondays, 4:00-5:15 PM

(Space is limited to 12 students; an overflow session will be scheduled if enrollment is more than 12)

Children must be potty trained and able to follow simple directions before registering. If your younger children are not ready for this environment, they may register at a later date when you feel they are sufficiently prepared.

PARENTS' INF	ORMATION								
	First and Last Name			Email			Phone Number		
Father						Home			
						Cell			
Mother						Home			
						Cell			
Address: _				City/State/Zip:					
Child(ren)	reside(s) wi	th: 🛭 Both	□ Mo	ther [I Father □ Ot	her:			
Children's I	NFORMATION								
Child's First & Last Name		Date of Birth	Age	Gender	Previous Atrium experience? Where? How long?		g?	Medications, Health Concerns, Allergies	
School Atte	ending (if ap	oplicable):							
<u>Na</u>		<u>Name</u>	<u>Vame</u>		<u>Phone</u>		Relationship to Child		
Emergency Contact									
Permission to pick up									
Medical an	d Legal Per	rmissions Plea	se com	plete the	Media Release fo	rm in addi	ition	to this registration.	
the parent, th transportation reached, and	ne emergency n, free of cha	ambulance serv rge, to Mercy Ho of an emergency	ice will ospital S	be utilize South for	ed. This service passed schools in the Me	rovides em ehlville Fir	erger e Dis	e are unable to contact ncy care and strict. If we cannot be edical care as deemed	
SIGNED:				DATE					
Tuition/Re	gistration I	Fee: \$100 (\$160	for 2,	\$200 for	3 kids) payable	to Assum	ption	n Church (Memo: CGS)	

Completed registrations may be returned to the parish or school office. Contact Valerie Stringer at stringerv@assumptionstl.org or 487-6520, x2218.

Assumption Parish (Mattese) | 4709 Mattis Road | St. Louis, MO 63128 | 314.487.7970

☐ I would like to be contacted regarding reduced tuition due to financial need.