

Mary, Queen of Saints Parish
— 2021-22 Catechesis of the Good Shepherd —

The first day sessions of the *Catechism of the Good Shepherd* (CGS) will **begin the week of Sunday, September 19, 2021**. There are several session days throughout the week. Please request a *Level* (1 or 2) *Session Day* so that scheduling can be determined. Class is held weekly.

• **Level 1 (ages 3 to 5):**

- Sundays, 1:00PM-2:30PM
- Mondays, 1:00PM-2:30PM
- Tuesdays, 1:00PM-2:30PM
- Wednesdays, 1:00PM-2:30PM

• **Level 2 (ages 6 to 8)**

- Mondays, 3:30PM-5:00PM
- Tuesdays, 3:30PM-5:00PM
- Wednesdays, 3:30PM-5:00PM

Session Location

St. John the Baptist Pastoral Center, 1501 Virginia Avenue, Monaca, PA 15061

Missing a Session / Session Cancellation

If your child(ren) cannot attend on the weekly session day you chose, you may be able to come on an alternate day that particular week. When this happens, please contact the CGS Office as soon as possible to request a change for that week. If CGS is cancelled for the day/week, you will be contacted. Please be sure to keep your contact information with the CGS Office current.

Further Requirements

All children who attend must be able to use the restroom by themselves. If a child is not able, the child's parent/relative must be present to assist. Due to COVID-19 precautions, mask wearing is required unless presenting a doctor excuse.

Fee Schedule

The registration fee (required with completed application form) for the:

- 1 child - \$40
- 2 children - \$35 each
- 3 children or more - \$30 each

Payment Method

Online check or credit card accepted; paper check or cash payment must be submitted with the completed CGS Registration Application. See the *Catechesis of the Good Shepherd* page on the www.maryqueenofsaints.org website for details. **Registration and payment deadline is 9/10/21.**

Statement of Agreement: In signing this document I confirm the information submitted is correct and agree to all of the terms and requirements stated.

Parent/Guardian Signature: _____

God bless you and your family; we look forward to helping your child(ren) to get closer to Jesus.

CGS REGISTRATION APPLICATION

Today's Date: _____

PARENT/GUARDIAN INFORMATION:

Family
Last Name: _____ Phone: _____
eMail
Address: _____
Home
Street Address: _____
City,
State & Zip: _____

CHILD INFORMATION:

First &
Middle Name: _____
Last Name
(if different than family name): _____
Date of Birth: _____ Is the Child Baptized? Yes No
If Baptized, Date of Baptism: _____ Name & City of Church: _____

LEVEL & SESSION DAY CHOICE:

Please place a checkmark next to the day you would like your child to attend each week:

Level 1 (ages 3 to 5):

Sundays, 1:00PM - 2:30PM Mondays, 1:00PM - 2:30PM Tuesdays, 1:00PM - 2:30PM Wednesdays, 1:00PM - 2:30PM

Level 2 (ages 6 to 8):

Mondays, 3:30PM - 5:00PM Tuesdays, 3:30PM - 5:00PM Wednesdays, 3:30PM - 5:00PM

Please list of your child's
medical issues or allergies: _____

EMERGENCY CONTACT INFORMATION:

Full Name of
Emergency Contact: _____
Contact's Relationship to
Child or Parent/Guardian: _____ Phone: _____
Home
Street Address: _____
City,
State & Zip: _____