



# Good Shepherd Catholic Church

241 E 6th Street • Westfield, Wisconsin 53964 • 608-297-7423

Fall Religious Education Registration Form 2021-2022

**FAMILY LAST NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_  
Street City/State Zip Code

REGISTERED MEMBER OF :  Good Shepherd  St. John the Baptist  St. Johns (Princeton)  Other \_\_\_\_\_  I would like to register, please call me.

**FATHER'S FULL NAME** \_\_\_\_\_ **Religion** \_\_\_\_\_

Cell phone \_\_\_\_\_ **Email** \_\_\_\_\_

If you are Catholic, please check the Catholic sacraments you have received:  Baptism  Eucharist  Confirmation  Marriage

**MOTHER'S FULL NAME** \_\_\_\_\_ **Religion** \_\_\_\_\_

Cell phone \_\_\_\_\_ **Email** \_\_\_\_\_ **Preferred Point of Contact:**  
 Mother / Father / Both Parents

If you are Catholic, please check the Catholic sacraments you have received:  Baptism  Eucharist  Confirmation  Marriage

The child(ren) currently live with:  Both parents  Mother only  Father only  Other

If other, please explain? \_\_\_\_\_

STUDENT'S FULL NAME	BIRTHDAY (MM/DD/YYYY)	GRADE	Has your child received any sacraments? Check below			Current School & Extra Curricular Activities
			Baptism	1st Communion	Confirmation	

Are you requesting a sacrament for any of the above listed child(ren)?  Yes  No

If yes, which child & Sacrament? \_\_\_\_\_

**STUDENT PICK UP AUTHORIZATION & IN CASE OF AN EMERGENCY IF PARENT ISNT AVAILABLE**

**Please note: Students in 1st through 3rd grade will not be dismissed without a parent or high school sibling.**

In the event that I am unable to pick up my child(ren) from Religious Education classes, the following people have my permission to do so:

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Parent Volunteer Opportunities**

From time to time Religious Education needs help and it is a beautiful witness of faith to your child(ren) by your presence.

If you are able to help in any way, please check your interests below:

Name \_\_\_\_\_

I could help as:     Catechist             Room Aide             Substitute             Office             Hall Monitor

Name \_\_\_\_\_

I could help as:     Catechist             Room Aide             Substitute             Office             Hall Monitor

**REGISTRATION FEES & FORMS**

**\$30.00 per student or a total of \$75.00 for families for three or more students** in any of our Religious Education Programs.

Please remember, no family will be turned away if they cannot afford tuition.

**Please make checks payable to: Good Shepherd Catholic Church**

**Return registration forms to: St. John the Baptist Catholic Church  
277 E. Montello Street, Montello, WI 53949**

**OFFICE USE ONLY**

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Fee paid by:     Cash             Check # \_\_\_\_\_

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Baptismal Certificate(s)     Yes     No

Permission is hereby granted to St. John the Baptist and Good Shepherd Parishes for use of photographs of and/or quotations from my child(ren) to assist in community awareness, educational efforts, and related public relations efforts that may include brochures, posters, website, and printed media.

I am the legal parent/guardian of the child(ren) listed on this form and certify that the information provided is correct to the best of my knowledge.

Signature

Printed Name

Date