



# St. Patrick Parish

## Religious Education Program

### We Are Called by Name

### Catechesis of the Good Shepherd

Thank you for registering your child in the St. Patrick Catechesis of the Good Shepherd Program. Catechesis of the Good Shepherd is a program which was founded on the teachings and pedagogical philosophy of Maria Montessori. In conjunction with the Archdiocesan Guidelines, we will assist you in teaching the basic truths and traditions of the church to your child.

#### CGS Registration **for the 2024-2025 year**

Registration form can be found on the parish website for you to print out-make checks payable to **St. Patrick Church.**

Go to the parish website-YOUTH tab-CGS

Children will not be placed in a class until all information is completed and registration fee received.

Those registering must be 3 by August 31, 2024

Class is held on Wednesdays 9:30-11:00 a.m.

#### **PLEASE NOTE:**

- Since we are staffed by dedicated volunteers, this schedule is subject to change.
- All children must be potty trained
- Any parent that would like to volunteer must have all clearances on file. Please see the website for more information.

***Complete Form. Print clearly.***

***For first time registrations, please a copy of each child's Baptismal Certificate.***

Family Name: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Child's Full Name (First, Middle, Last)	Sex (M/F)	Date of Birth	Age

Family Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address:

\_\_\_\_\_

Street

City

Zip Code

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

**CUSTODY: Are there any custody/legal issues?**  yes  no (If yes, please provide a complete copy of the latest court order.)

\*Name of person responsible for Religious Education if **not** a Parent or Legal

Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

\*Parent/guardian must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

Yes \_\_\_\_\_ No \_\_\_\_\_ I give permission for my child's picture to appear on the parish website, Archdiocesan website, Flocknotes, bulletin boards, newspaper articles in relation to events that happen in the parish.

Yes \_\_\_\_\_ No \_\_\_\_\_ I give permission for my child's picture to appear on social media (Face Book & Instagram)

Yes \_\_\_\_\_ No \_\_\_\_\_ I give permission for my child to be live-streamed and/or recorded while receiving a sacrament (Holy Communion or Confirmation)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. Patrick Parish. Please indicate any other information about your child that would need to be communicated in an emergency.

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Signed (Parent or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/LEARNING DATA**

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions or Allergies (please describe below if yes)	Prescribed Medications	Learning Support Services or *Disability (see IDEA definitions below)	IEP Individualized Education Program	**Immunization Are your child's vaccinations up to date?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i>
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i>
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, has he/she received an exemption from your current school district</i>

Please complete information here or add any other information about your child that should be communicated?

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**\*IDEA:** As defined by Individuals with Disabilities Education Act (IDEA), the term "child with a disability" means a child with: an intellectual disability, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, another health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.

**\*\*Immunization:** Are your child's vaccinations up to date. This question does not refer to Covid; rather, child & adolescent immunizations

*Even if your child is exempt from immunizations, he/she may be excluded from school during an outbreak of the vaccine preventable disease.*

**ADDITIONAL INFORMATION**

**The following must be completed for each child separately**

*Complete form, print clearly-For first time registrations, please bring a copy of each child's Baptismal Certificate.*

*If not baptized in the St. Patrick Parish.*

Child's Name	Baptism Date & Parish

**Ethnicity:** Choose one and complete the chart below

Non-Hispanic/Latino

Hispanic/Latino

**Race:** Choose one and complete the chart below

\*American Indian/Native Alaskan

\*Asian

\*Black/African America

\*Native Hawaiian/Pacific Islander

\*White/Caucasian

\*Other

\*Two or more races

\*Prefer not to answer

<b>Child's Name</b>				
<b>Ethnicity</b>				
<b>Race</b>				

We Are Called by Name  
**Catechesis of the Good Shepherd**

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**OFFICE USE:**

All volunteers must complete the required clearance information/trainings.  
Please contact Maria Miller at [mmillerdresp@gmail.com](mailto:mmillerdresp@gmail.com) for more information

**Registration Fee:**

1 child	\$30.00
2 children	\$40.00
3 children or more	\$50.00

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

Family Fee \_\_\_\_\_

\_\_\_\_\_Cash

\_\_\_\_\_Check