



St. Patrick Parish

Religious Education Program



Catechesis of the
**GOOD
SHEPHERD**
"Let the little children come"
Matthew 19:14

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 2025-2026 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, 2025

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 attach 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.

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 <i>Are your child's vaccinations up to date?</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>
	<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?

***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 diseases.

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

Child's Name				
Ethnicity				
Race				

We Are Called by Name
Catechesis of the Good Shepherd

OFFICE USE:

All volunteers must complete the required clearance information/trainings.

Please contact Maria Miller at mmillerdresp@gmail.com for more information

Registration Fee:

1 child	\$35.00
2 children	\$45.00
3 children or more	\$55.00

Family Name _____

Family Fee _____

_____Cash _____Check