

CATECHESIS OF THE GOOD SHEPHERD Level ONE – Age 3 through Kindergarten  
REGISTRATION 2009-2010

**RENEWAL**

Date \_\_\_\_\_

CK# \_\_\_\_\_

Family ID # .....	Today's Date _____
Family Info	Head of Household: _____ Spouse: _____ Last Name _____ Last Name _____ First Name _____ First Name _____ Relationship to Child _____ Relationship to the Child _____ Religion _____ Religion _____ Marital Status _____ Marital Status _____ Sacraments: _____ Sacraments: _____ Baptism _____ Reconciliation _____ Baptism _____ Reconciliation _____ Confirmation _____ Eucharist _____ Confirmation _____ Eucharist _____ Would you be interested in completing any missing sacraments? _____
Mailing Address	Address _____ City, State, Zip code _____
Phones	Name _____ Home; _____ Work _____ Cell _____ Name _____ Home; _____ Work _____ Cell _____
Email (please print clearly)	Email _____ Email _____ We do not have access to email. Please send home communications with my child. <input type="checkbox"/>
Child's Information	Last Name _____ First Name _____ Age in August _____ Birth date _____ Gender- M F Grade your child will be in this fall _____ School district _____ School _____ Was your child in Catechesis of the Good Shepherd last year? Yes <input type="checkbox"/> No <input type="checkbox"/> If CGS was it St. Tim's? <input type="checkbox"/> Yes <input type="checkbox"/> No If not what church? _____
Sacraments	Birthplace _____ Baptism: Church Name _____ Date _____ City, State _____ Reconciliation: Church Name _____ Date _____ City, State _____ Confirmation: Church Name _____ Date _____ City, State _____ First Communion: Church Name _____ Date _____ City, State _____
Siblings in Religious Formation	Name _____ Grade _____ Session _____ Name _____ Grade _____ Session _____ Name _____ Grade _____ Session _____ Name _____ Grade _____ Session _____
Emergency Contacts	Name _____ Relationship _____ Phone # _____ cell _____ Name _____ Relationship _____ Phone # _____ cell _____
Photo Release	I _____ give my permission to St Timothy's Catholic Church to use any photographs that may be taken during religious formation for promotion of the Catechesis of the Good Shepherd.

Emergency	In case of severe emergency I give permission to St Timothy's to get emergency medical treatment for my child even if I can not be contacted. I prefer them to be taken to _____ Hospital. My child's Dr. is _____ Phone# _____ Signature _____ Date _____
Special Needs	Please let us know if your child has any special needs so we can better serve him/her. <input type="checkbox"/> ADD or ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Downs Syndrome <input type="checkbox"/> Hearing or Vision impaired <input type="checkbox"/> Speech delayed <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other    Please explain _____ _____ _____ **We will contact you so you can explain the needs of your child, in that way we hope to serve them to the best of our ability.
Volunteer Opportunities	Are you interested in training to become a catechist? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in being a catechist aide? <input type="checkbox"/> Yes <input type="checkbox"/> No

Child's NAME \_\_\_\_\_

**THREE YEAR OLD TO KINDERGARTEN / LEVEL ONE**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
8:30-10:30	10-12 AM	10-12 AM	10-12 AM
10-12 AM			1-3 PM
3:45-5:45	3:45-5:30	3:45-5:45	3:45-5:30
	6:00-7:30*		6:00-7:30*

\* THESE CLASSES ARE RESERVED FOR FAMILIES WHOSE WORK SCHEDULES WILL NOT ALLOW OTHER TIMES.

PLEASE SELECT YOUR FIRST AND SECOND CHOICE:

1 DAY \_\_\_\_\_ TIME \_\_\_\_\_  
2 DAY \_\_\_\_\_ TIME \_\_\_\_\_

\*SESSIONS ARE \$15 PER MONTH PER CHILD (from October to May) OR YOU CAN PAY THE FULL AMOUNT OF \$120.00 PER CHILD PER YEAR (Please make checks out to St. Timothy with CGS Reg. in the memo)

\*MONTHLY PAYMENTS ARE AVAILABLE, AS ARE SCHOLARSHIPS.

\*PAYMENT IS PREFERRED WITH REGISTRATION.

I WOULD LIKE TO MAKE PAYMENTS

# PLEASE KEEP THIS PAGE FOR YOUR FAMILIES FUTURE REFERENCE

**\*\*\* WE WILL COMMUNICATE WITH YOU PRIMARILY THROUGH EMAIL. PLEASE MAKE SURE WE HAVE A CLEARLY PRINTED AND CURRENT EMAIL FOR YOUR FAMILY.**

\*SESSIONS ARE \$15 PER MONTH PER CHILD (from October to May) OR YOU CAN PAY THE FULL AMOUNT OF \$120.00 PER CHILD PER YEAR (Please make checks out to St. Timothy with CGS Reg. in the memo)

\*MONTHLY PAYMENTS ARE AVAILABLE, AS ARE SCHOLARSHIPS.

\*PAYMENT IS PREFERRED WITH REGISTRATION.

- Sessions begin for the children the week of October 19<sup>th</sup> 2009.
- In the interest of helping to build up the domestic church we are asking that you attend 2 mandatory Catholicism 101 classes given at the church. They are designed to enable you to strengthen your family's spiritual life. The dates will be posted in the bulletin and there will be sign in sheets at each one.

\*NUMBER TO CALL WITH QUESTIONS 480-345-0542

\*YOU CAN MAIL YOUR REGISTRATION IF YOU WOULD LIKE TO:

St. Timothy Catechesis of the Good Shepherd  
2045 S. Pennington  
Mesa, AZ 85202  
(Pennington is one block east of Dobson off Baseline)

OR DROP IT OFF AT THE CENTER OR THE CHURCH.

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Please copy the days you have selected to keep for your reference. This will serve as confirmation of your child's session. If you do not hear from us then you have been given your first choice. We will only call you if we have to give you your second choice.

PLEASE SELECT YOUR FIRST AND SECOND CHOICE:

1 DAY \_\_\_\_\_ TIME \_\_\_\_\_  
2 DAY \_\_\_\_\_ TIME \_\_\_\_\_