

Prince of Peace Faith Formation Registration

FAITH FORMATION OFFERINGS

CATECHESIS OF THE GOOD SHEPHERD
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Level I ages 3-6 Level II ages 6-9 Level III ages 9-12

Sunday 9am-10:15am Monday 10am-12pm Monday 4:30pm-6pm Wednesday 6pm-7:30pm (No Level I session)

FAMILY INFORMATION

Family Last Name: _____

Address: _____ City: _____ Zip: _____

Registered at Prince of Peace: Yes _____ No _____

If No, what Parish is your family registered at? _____

Father's Name: _____ Mother's Name: _____

(Circle) Legal or Custodial Parent

(Circle) Legal or Custodial Parent

Father's Religion: _____ Mother's Religion: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Email: _____ Mother's Email: _____

Emergency Contact: _____ Phone #: _____

In addition to the above my child(ren) can also be released to:

Name: _____ Relationship: _____

CHILD #1

Child's Full Name: _____ Date of Birth: ___ / ___ / ___ Age: _____

Grade in Fall: _____ School: _____

Medical Concerns: _____

Baptized: Yes _____ No _____ Eucharist: Yes _____ No _____ Confirmed: Yes _____ No _____

CGS Session Day/Time: _____

CHILD #2

Child's Full Name: _____ Date of Birth: ___ / ___ / ___ Age: _____

Grade in Fall: _____ School: _____

Medical Concerns: _____

Baptized: Yes _____ No _____ Eucharist: Yes _____ No _____ Confirmed: Yes _____ No _____

CGS Time: _____

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CHILD #3

Child's Full Name: _____ Date of Birth: ___ / ___ / ___ Age: _____

Grade in Fall: _____ School: _____

Medical Concerns: _____

Baptized: Yes _____ No _____ Eucharist: Yes _____ No _____ Confirmed: Yes _____ No _____

CGS / Youth Discipleship Session Day/Time: _____

CHILD #4

Child's Full Name: _____ Date of Birth: ___ / ___ / ___ Age: _____

Grade in Fall: _____ School: _____

Medical Concerns: _____

Baptized: Yes _____ No _____ Eucharist: Yes _____ No _____ Confirmed: Yes _____ No _____

CGS Time: _____

Media Release: I _____ (Parent/Legal Guardian), give permission for my child(ren's) photograph and/or video to be taken in any event and to be displayed within the **church** and in **church publication, Church website, and Church social media.** Yes _____ No _____

I _____ (Parent/Legal Guardian), give permission for my child(ren's) work (art, essays, etc.) to be shared, displayed, and/or published. Yes _____ No _____

7th-12th Grade Only:

Permission to Contact child: I _____ (Parent/Legal Guardian), give permission for the Youth Minister, Theresa Andary, permission to contact my child(ren) between 7th – 12th Grade via **Email, Parish social media, Zoom, and WhatsApp.** Yes _____ No _____

Child's Name & Email: _____

Child's Name & Email: _____

Child's Name & Email: _____

Parent/Guardian's Name Print: _____

Parent/Guardian's Signature: _____ Date: ___ / ___ / ___

<p>REGISTRATION FEE:</p> <p style="text-align: center;">\$40/child \$90/Family</p> <p><i>**For Parents who volunteer the Registration fee is waived**</i></p> <p>Payment can be made by Cash/Check/or via Online Giving</p> <ul style="list-style-type: none"> • Checks made payable to Prince of Peace with either CGS Registration or Youth Discipleship Registration in the memo. <p>We believe these faith-filled events are an important part of a student's faith formation, so no one will be denied participation due to financial hardship.</p> <p>Please contact us to confidentially discuss your needs.</p>	<p>OFFICE USE:</p> <p>Date Received: _____</p> <p>Check _____ Cash _____ Online _____</p> <p>Parent Volunteer: _____</p> <p>_____</p>
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