

GOOD SHEPHERD CATHOLIC CHURCH
RELIGIOUS FORMATION CENTER
 14187 SW 72 St. Miami, Florida 33183 (305)-385-4320

PLEASE PRINT ALL INFORMATION/POR FAVOR USE LETRA DE MOLDE

Date of Registration: _____
 Fecha de Inscripcion: _____

Parish # _____
 Número de miembro de la Parroquia

STUDENT FULL NAME _____
Nombre Completo
 Address: _____
Dirección

Phone# _____
Teléfono Home/Hogar
 Zip Code: _____

Emergency/Emergencia

Date of Birth: _____ Place of Birth: _____
 Fecha de Nacimiento Lugar de Nacimiento E-mail address: _____

Does student live with both parents? Yes _____ No _____ With whom: _____

Father: _____ Religion: _____ Occupation: _____ Work # _____
Nombre del Padre Ocupación
 Single _____ Married _____ Divorced _____ If married: Church marriage: Yes _____ No _____ E-Mail: _____

Mother's Maiden: _____ Religion: _____ Occupation: _____ Work # _____
Nombre de la Madre/Soltera Ocupación
 Single _____ Married _____ Divorced _____ If married: Church marriage: Yes _____ No _____ E-Mail: _____

Names and ages of siblings and Sacraments received:

	SACRAMENTS:	SCHOOL:	EMAIL:
1. _____ Age: _____	Baptism: _____ Communion: _____ Confirmation: _____	_____	_____
2. _____ Age: _____	Baptism: _____ Communion: _____ Confirmation: _____	_____	_____

Ministries serving or would like to serve: (example – Altar Servers, Youth Groups, etc.) _____ Would like to: _____

FOR OFFICE USE ONLY

Grade: _____ DAY _____ FC1 _____ FC2 _____ CON1 _____ CON2 _____ LY BAL _____
 Siblings in the Program?, Name: _____ Grade _____ Payment: Full _____ Partial _____ BALANCE: _____

Receipts # _____

Remarks: _____