(Updated May 2019)					Last	st Name		
	n Religious Education s of the Good Shepherd (0						10:45	
Name(s) of Stude	acraments which	raments which have been received Grade in Name of			* See reverse			
Last	First	Birthday	Fall 2020	School	Bapt	Church of Baptism	Euch	
To participate in C	YO sports a child must be	registered in PREP	or ASCS) a	nd have regul	- ar atten	dance throughout the	– 🔲 year.	
•	ause of the importance (•	` '	•		•	-	
	ear for ALL grade levels.	•	•		•	•	•	
	and participation in Sui							
Father's name:		Phone:			Religion:			
Mother's name:		Phone:			Religion:			
Home Address:								
Stre	eet & No.		Cir	ty/State/Zip				
Parent's Email Addre Note: If either pare Parish Office at 419	ent is not Catholic and wis	h to learn more abo	out becoming	Catholic plea	se cont	act the		
Marital Statu	us: Married	_ Separated	_ Divorced	Widow	red			
Note: You must be	e a member of All Saints F	Parish in order to pa the Parish Office at	•					
	ioi tile parisii, piease cali							
To register	y contact if parent/guardian							
To register	y contact if parent/guardian							
To register to Name of emergency Relationship to stud	y contact if parent/guardian	cannot be reached:_ P	hone No					
To register and the Name of emergency Relationship to stude The following will be	y contact if parent/guardian	cannot be reached:_ P formation is needed	hone No	oncern or emer	gency:		if needed	
To register and Name of emergency Relationship to stude The following will be Does your children had been supported by the register of the reg	y contact if parent/guardian of dent: kept confidential but the in	cannot be reached:P formation is needed sabilities we should be	hone No if there is a co be aware of?_	oncern or emer	gency:	(use reverse side		
To register and Name of emergency Relationship to study The following will be Does your children had be provided by the provid	y contact if parent/guardian of dent:e kept confidential but the interaction in the interaction of the	cannot be reached:P formation is needed sabilities we should be set:	hone No if there is a co be aware of?_	oncern or emer	gency:	(use reverse side	if needed	
To register and Name of emergency Relationship to study The following will be Does your children half your child/ren are of Public Media: Permis	y contact if parent/guardian of dent:e kept confidential but the infinave any health issues or distonant any medication, please li	cannot be reached:P formation is needed sabilities we should be set:	hone No if there is a co be aware of?_ No Sign	oncern or emero	gency:	(use reverse side (use reverse side	if needed	
To register and re	y contact if parent/guardian of dent:e kept confidential but the interaction and health issues or distonance any medication, please listsion to publish pictures of y	formation is needed sabilities we should be st: your child Yes	thone No if there is a conce aware of? No Signase provide a	oncern or emeronature	gency:	(use reverse side (use reverse side	if needed	
To register and re	y contact if parent/guardian of dent: kept confidential but the interpretation and health issues or distribution and medication, please lission to publish pictures of yes first year in CGS or PRE	formation is needed sabilities we should be st: your child Yes	thone No if there is a conce aware of? No Signase provide a	oncern or emeronature	gency:	(use reverse side (use reverse side smal certificate. Fees w/ no Servic	if needed	
To register and registration & Fees Public Media: Permission of this is your child registration & Fees Public Media: Permission of the registration of the registration of the register and	y contact if parent/guardian of dent: e kept confidential but the interpretation and health issues or distribution and medication, please lists in to publish pictures of years in CGS or PRESCOILECTED TO June	formation is needed sabilities we should be st: your child Yes FP at All Saints, pleases	thone No if there is a conce aware of? No Signase provide a	nature cted after Jun	gency:	(use reverse side(use reverse side smal certificate. Fees w/ no Servic 1 child \$ 2 children \$	if needed	

these service hours, contact the Parish Office. Forms to record service hours can be obtained from the Parish Office. If you are unable to pay the PREP fee, please contact Fr. Recker or Sue Van Hersett to make other arrangements.

Total amount due \$_____Amount paid \$_____Balance \$____ Cash___ Check#____

For more continue on	reverse side	,

Name(s) of Student(s)	1		•	N 6			
Last	First	Birthday	Grade in Fall 2019	Name of School	Bapt	Church of Baptism	Euch
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					- 🗆		
		_			- 🗆		. 🔲
Name		Health issues			Medic	ations	

* These CGS Tuesday sessions will take place if we have a minimum of 5 children registered. For 1st grade there are two opportunities to meet – Tuesdays (if enrollment is at minimum) and Sunday mornings.