

# The Church of St. George

133 N. Brown Rd., Long Lake, MN 55356; Phone (952)473-1247; Fax (952)404-0129; stgeorge@msn.com

## 2014-2015 Catechesis of the Good Shepherd / Faith Formation Registration

**Registration Fees:**

Parishioners: **on or before** September 19 - \$50 per child; \$150 maximum per family.

Non-parishioners: **on or before** September 19 - \$75 per child; \$225 maximum per family.

Late fees (all registrants): **After September 19**, add \$25 to the total registration fee; **after September 26**, add \$35.

Scholarships are available; contact the parish office for more information regarding scholarships.

**Father/ Guardian** \_\_\_\_\_ **Cell #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 First Middle Last

**Mother/ Guardian** \_\_\_\_\_ **Cell #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 First Middle Last

**Mailing Address** \_\_\_\_\_ **Home #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Street City State Zip

Please provide at least one e-mail address, if possible, for weather alerts and other timely communications.

**E-mail (primary)** \_\_\_\_\_ **E-mail (secondary)** \_\_\_\_\_

Indicate Sacraments your child **has received**

**List below names of all children being enrolled**

First	Middle	Last, if different	Birth date	Grade	Baptism	First Confession	First Communion	Confirmation
_____	_____	_____	____/____/____	____	_____	_____	_____	_____
_____	_____	_____	____/____/____	____	_____	_____	_____	_____
_____	_____	_____	____/____/____	____	_____	_____	_____	_____

\_\_\_\_ Check here if you are enrolling more than 3 children; write additional information on the back of this form.

\_\_\_\_ Check here if you **do not** give permission to post photos of the child/ren listed above on the Catechesis of the Good Shepherd / Faith Formation bulletin board in the church. Only photos taken during official events will be posted.

**First Communion and Confirmation** - A copy of the **child's Baptismal record must be provided** before the child may receive the Sacrament of First Communion or Confirmation. Baptismal records are to be **turned in by November 12, 2014. Children preparing for First Communion in May 2015 must be enrolled no later than October 29, 2014.**

**Emergency Medical Information** - If a child needs emergency care, we will call 911 and attempt to notify parents immediately. There is no medical insurance provided by the Parish or Archdiocese. In the event of a medical emergency, I hereby authorize emergency treatment be administered to my child. I understand I will be responsible for any charges.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please list another **contact person** with permission to make medical decisions if parents cannot be reached.

**Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical Concerns (include food/medication allergies, asthma, etc.)**

Child	Grade	Condition	Treatment	Does child carry emergency meds?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____