

The Church of St. George

133 N. Brown Rd., Long Lake, MN 55356; Phone (952)473-1247; ff@stgeorgelonglake.org

2022-2023 Catechesis of the Good Shepherd / Faith Formation Registration

Registration Fees:

\$50 per child; \$150 maximum per family

Please contact the parish if paying tuition is a financial hardship.

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
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1.	_____	_____	____/____/____	____	_____	_____	_____	_____
2.	_____	_____	____/____/____	____	_____	_____	_____	_____
3.	_____	_____	____/____/____	____	_____	_____	_____	_____

____ 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 or in the bulletin. Only photos taken during events or classes 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 9, 2022**. **Children preparing for First Communion in April/May 2023 must be enrolled no later than October 19, 2022.**

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?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____