



**RUSH HENRIETTA CATHOLIC COMMUNITIES OF
GOOD SHEPHERD, GUARDIAN ANGELS & ST. JOSEPH'S
PREK – GRADE 5 CHILDREN'S FAITH FORMATION REGISTRATION**

Program offerings * (classes run from September to May)

Church of the Good Shepherd (GS) 334-3023 or mchurnet@dor.org GS 1: Saturdays, 9:30-10:45 AM for K-Gr 5 GS 2: Wednesdays, 3:30-4:30 PM for Gr 1-5 GS 3: want to work with child(ren) at home	Guardian Angels Church (GA) 334-6412 or sstack@dor.org GA 4: Sundays, 9:10-10:15 AM for PK-Gr5 GA 5: want to work with child(ren) at home	St. Joseph's Church (SJ) 533-1719 or bwarren@dor.org SJ 6: Sundays, 9:15-10:15 AM for PK-Gr 5 SJ 7: Tuesdays, 4:00-5:00 PM for PK-Gr 5 SJ 8: want to work with child(ren) at home
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*Class sizes may be limited and are filled on a first come/first served basis.
For Grades 6-12 classes and youth ministry, see RHYM registration form.*

Family Name _____ **Home Phone** _____
(last name of custodial parent/s or guardian/s)

Address _____
Street City Zip

Registered Member of St. Joseph's Guardian Angels Good Shepherd Other _____

Family E-mail _____ **Time of Mass usually attended** _____
(for parish use only, please print)

Father's First /Last Name _____ **Work Phone** _____ **Cell** _____
Check if father at different address

Mother's First / Last Name _____ **Work Phone** _____ **Cell** _____
Check if mother at different address

Address, if mail should also go to non-custodial parent _____

Check here if registering for the first time

*** Please use these letter/number designations from "Program offerings" to indicate Program selection below.**

For **new** students in grade 2 and above:
Have they had previous instructions? **Yes** **No**
Where? _____
How much? _____

Child's Name <i>(include last name if different from family name)</i>	Gender M/F	Program selection	Date of Birth	Grade 2009/10	School attending	Church of Baptism

Tuition: \$50 for one child, \$75 for two children, family maximum of \$100. **Make checks payable to the parish for which you are registering for classes. Tuition is due by the first week of class. No one is ever excluded because they cannot pay. Volunteering time and talent is appreciated if you are unable to share treasure.**

(COMPLETE HEALTH FORM ON REVERSE SIDE)

For Office Use Only
Date: _____
Cash/Check# _____
Amt: _____

PREK –GRADE 5 CHILDREN’S FAITH FORMATION

HEALTH FORM

Family Physician/Clinic _____ Phone Number _____

Health Insurance Co _____ Policy Number _____

In case of emergency, who should be notified if parent cannot be reached?

Name _____

Phone Number (day) _____ (evening) _____ (cell) _____

What instructions have you given to your child/children regarding dismissal from Faith Formation classes?

Children Health Information (for each child, list his/her last name if it differs from family name)

Name _____ Please list any special needs, allergies, medications:

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Name _____ Please list any special needs, allergies, medications:

Please list any additional information we should know: _____

In signing this health form I hereby certify that the above information is correct and give permission for my child/children to be transported in privately owned vehicles, or ambulance, for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of accident or illness.
In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached I hereby give permission to the physician selected to secure proper treatment for my child/children named herein.

I give permission to use child/children photograph in parish publications or on parish website. Yes No

Signature of parent /guardian _____ date _____

I am interested in volunteering!

Best way and time to contact me _____

Area(s) of interest _____