



**CATECHESIS OF THE GOOD SHEPHERD  
REGISTRATION FORM  
2024-2025**

**Child's Name (first and last)**

<input style="width: 100%;" type="text"/>	<b>Child's Birthdate</b> <input style="width: 150px;" type="text"/> (yyyy/mm/dd)	<b>Grade in Fall 2024</b> <input style="width: 100%;" type="text"/>
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Has your child previously participated in the St. Ladislav Good Shepherd program? Yes  No  If yes, for how many years?

<b>Mother's Name (first and last)</b>	<b>Mother's Phone</b>	<b>Mother's Email</b>
<input style="width: 100%;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>

<b>Father's Name (first and last)</b>	<b>Father's Phone</b>	<b>Father's Email</b>
<input style="width: 100%;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>

Do we have permission to text? Yes  No  Do we have permission to email? Yes  No

**Address**

**City**  **Zip Code**

Are you registered parishioners at St. Ladislav? Yes  No

If no, to which parish do you belong?  Would you like information on becoming members at St. Ladislav Parish? Yes  No

Your child may be photographed during class or at Good Shepherd activities or events. Do we have permission to use your child's photo in parish digital and print communications? Yes  No

<b>Emergency Contact (first and last)</b>	<b>Phone</b>	<b>Relationship to Child</b>
<input style="width: 100%;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>

**Child's Medical Needs**

<b>Allergies</b>	<b>Medications</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Additional Information/Notes for Teacher (e.g. learning disability, special needs, etc.)**

**Preferred Atrium Session**

Level I (Ages 3-6) Preschool/Kindergarten	Level II (Ages 6-9) Grades 1-3	Level III (Ages 9-12) Grades 4-6
<input type="checkbox"/> Sunday 9-10:15 a.m.	<input type="checkbox"/> Sunday 9-10:15 a.m.	<input type="checkbox"/> Sunday 9-10:15 a.m.
<input type="checkbox"/> Sunday 11 a.m.-12:15 p.m.	<input type="checkbox"/> Sunday 11 a.m.-12:15 p.m.	<input type="checkbox"/> Monday 4-5:30 p.m.
<input type="checkbox"/> Monday 4-5:30 p.m.	<input type="checkbox"/> Monday 4-5:30 p.m.	<input type="checkbox"/> Tuesday 4-5:30 p.m.
<input type="checkbox"/> Tuesday 4-5:30 p.m.	<input type="checkbox"/> Tuesday 4-5:30 p.m.	<input type="checkbox"/> Wednesday 4-5:30 p.m.
<input type="checkbox"/> Wednesday 4-5:30 p.m.	<input type="checkbox"/> Wednesday 4-5:30 p.m.	

Do you wish for your child to receive first Communion in 2025? Yes  No

Would you or another member of your family like to speak with parish staff about receiving a Catholic sacrament? Yes  No

2024-2025 Registration Fee: \$75/child, Maximum \$100/family  
Confidential financial assistance available.

Fee Paid _____	<b>Office Use Only</b>	Faith Direct _____
Date _____	Check # _____	Cash _____