

GOOD SHEPHERD FAITH FORMATION REGISTRATION 2020-2021



Please be sure to have the following items when you register:

- Completed registration form. Fields with * are required. Fields with + are for High School students only.
- Baptismal Certificate
- Tuition Fee

FAMILY INFORMATION						FAMILY ID:			
If parents are separated/divorced, please only list the primary parent/guardian. Other parent can be listed in Emergency Contacts.									
Parent/Guardian 1	First Name*:				Last Name*:				
Middle Name:			Nickname:			Birthdate*:		Gender*:	
Cell Phone*:			Email*:						
Parent/Guardian 2	First Name*:				Last Name*:				
Middle Name:			Nickname:			Birthdate*:		Gender*:	
Cell Phone*:			Email*:						
Mailing Address*:									
City*:					State*:		Zip*:		
CHILDREN INFORMATION									
Only list children you want to enroll in Faith Formation. * are required. + are for High School students only.									
Child 1	First Name*:				Last Name*:				
Middle Name:			Nickname:			Birthdate*:		Gender*:	
Cell Phone+:			Email+:						
Grade in Fall 2020*:		Are you Baptized*?:		Have you received First Communion*?:		Shirt Size+:			
High School+:				Clubs/Sports+:					
Allergies/Health Notes:									
OFFICE USE ONLY		CLASS:			FORMATION GRADE:				
Child 2	First Name*:				Last Name*:				
Middle Name:			Nickname:			Birthdate*:		Gender*:	
Cell Phone+:			Email+:						
Grade in Fall 2020*:		Are you Baptized*?:		Have you received First Communion*?:		Shirt Size+:			
High School+:				Clubs/Sports+:					
Allergies/Health Notes:									
OFFICE USE ONLY		CLASS:			FORMATION GRADE:				

Child 3	First Name*:	<input type="text"/>	Last Name*:	<input type="text"/>
Middle Name:	<input type="text"/>	Nickname:	<input type="text"/>	Birthday*: <input type="text"/> Gender*: <input type="text"/>
Cell Phone+:	<input type="text"/>	Email+:	<input type="text"/>	
Grade in Fall 2020*:	<input type="text"/>	Are you Baptized*?	<input type="text"/>	Have you received First Communion*? <input type="text"/> Shirt Size+: <input type="text"/>
High School+:	<input type="text"/>	Clubs/Sports+:	<input type="text"/>	
Allergies/Health Notes:	<input type="text"/>			

OFFICE USE ONLY CLASS: _____ FORMATION GRADE: _____

Child 4	First Name*:	<input type="text"/>	Last Name*:	<input type="text"/>
Middle Name:	<input type="text"/>	Nickname:	<input type="text"/>	Birthday*: <input type="text"/> Gender*: <input type="text"/>
Cell Phone+:	<input type="text"/>	Email+:	<input type="text"/>	
Grade in Fall 2020*:	<input type="text"/>	Are you Baptized*?	<input type="text"/>	Have you received First Communion*? <input type="text"/> Shirt Size+: <input type="text"/>
High School+:	<input type="text"/>	Clubs/Sports+:	<input type="text"/>	
Allergies/Health Notes:	<input type="text"/>			

OFFICE USE ONLY CLASS: _____ FORMATION GRADE: _____

Please provide emergency contacts that are **NOT** the parents/guardians.

Emergency Contact 1	First Name*:	<input type="text"/>	Last Name*:	<input type="text"/>	Cell Phone*:	<input type="text"/>
Emergency Contact 2	First Name:	<input type="text"/>	Last Name:	<input type="text"/>	Cell Phone:	<input type="text"/>

MEDICAL CONSENT/RELEASE: I understand that Good Shepherd Parish does not assume responsibility for payment of a physician. However, in an emergency, I authorize emergency medical treatment and agree that you may choose physician(s). I hereby release, both individually and collectively, the Dioceses of San Diego, Good Shepherd Parish, its staff and host families (home study), from any and all liability arising from the care and supervision of my children.

<input type="text"/>	_____	<input type="text"/>
Print Name	Signature	Relationship to child(ren)

DIGITAL COMMUNICATION CONSENT/RELEASE: This letter authorizes Good Shepherd Parish of the Catholic Diocese of San Diego, its representatives, or volunteers, to contact your child via electronic communications including but not limited to emails/texts, video conferencing, webinar, and virtual classroom software. These communications will be used to notify your child and you about Faith Formation related news and updates.

<input type="text"/>	_____	<input type="text"/>
Print Name	Signature	Relationship to child(ren)

PHOTO/VIDEO RELEASE: This letter authorizes Good Shepherd Parish of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video my Child(ren) for purposes of furthering the mission of the Faith Formation program, in this specific case, the creation of publication materials for youth and adults who participate in faith formation and youth events during the current school year. Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or audio or video recordings will be used for Good Shepherd Faith Formation related purposes and will not be used for any commercial purpose whatsoever. Good Shepherd Faith Formation, as a standard practice of communication with youth and families, will be utilizing social media, video conferencing, webinar, and virtual classroom software. Any photos posted on these sites will only utilize first names of youth and adults from the parish will not tag photos. Youth, however, may go on and tag/re-tweet photos. I therefore hereby waive any kind and all rights my child/ward or I may have for compensation of any kind, which could otherwise accrue for the use of such photos and/or audio or video recordings.

<input type="text"/>	_____	<input type="text"/>
Print Name	Signature	Relationship to child(ren)

OFFICE USE ONLY	TOTAL DUE	CASH	CHECK	CC
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