

Date:  
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 Check No.:

**Catechesis of the Good Shepherd**  
 Office of Religious Education  
 St. Joseph and Sts. John & Bernard Parishes  
 REGISTRATION 2011-2012



**Class Offerings** (each class meets for 28 weeks)

**Monday Evenings**  
**5:45 PM – 7:15 PM**  
 (This time slot is reserved for kinder-  
 garteners who have siblings in CCD on  
 Monday evenings)

**Tuesday Mornings**  
**8:45-10:15 AM**

**Tuesday Afternoons**  
**12:30 – 2:00 PM**  
  
**CLASS CANCELLED**

**Program:** Open to 3 - 6 year olds who are potty trained and are 3 years old by September 19 (1<sup>st</sup> class)  
**Cost:** \$35.00 per child (\$70.00 family maximum - standard CCD fee) Checks payable to: St. Joseph Parish  
**All classes take place at Lake Michigan Catholic Elementary School, Room 4, Washington Avenue, St. Joseph, MI**

**Student Information** (please enter each student separately below)

Last Name	First Name	Age	Birth Date M/D/Y	Class Selection (check one)		
				Monday Evenings	Tuesday Mornings	Tuesday Afternoons
						CLASS CANCELLED
						CLASS CANCELLED
						CLASS CANCELLED

**Parent Information**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_  
 Email: \_\_\_\_\_ Registered at: \_\_\_\_\_ Parish

**Medical Authorization**

As a parent/guardian, I do hereby authorize the treatment of my minor child/children listed below by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me. I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Names of Children

List of allergies, medications, or other pertinent information

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contacts** \_\_\_\_\_

**Health Insurance** Company: \_\_\_\_\_ Policy: \_\_\_\_\_ Group: \_\_\_\_\_ ID#: \_\_\_\_\_

**Family Physician** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Mail form to: Office of Religious Education, St. Joseph Parish, 211 Church Street, St. Joseph, MI 49085  
 Questions? Call 269-983-1575 or email religiouised2@att.net