

Catechesis of The Good Shepherd St. Benedict Church



Registration for Atrium

FAMILY INFORMATION: _____ <p style="text-align: center;">Surname</p>			
Address: _____ <p style="text-align: center;">#/ Street / Apt #</p> _____ <p style="text-align: center;">City</p> _____ <p style="text-align: center;">Postal Code</p>			
Father: _____ <p style="text-align: center;">First Name Last Name</p>	Mother: _____ <p style="text-align: center;">First Name Maiden Name</p>		
Religion: _____	Religion: _____		
Telephone: Business: _____ <p style="text-align: center;">Home: _____</p> <p style="text-align: center;">Cell: _____</p>	Telephone: Business: _____ <p style="text-align: center;">Home: _____</p> <p style="text-align: center;">Cell: _____</p>		
Church of Marriage: _____			
Are you registered parishioners? Yes () No () Reg. # (if known) _____			
Atrium Donation: _____ or _____ <p style="text-align: center;">Cash Amount Cheque Amount cheque # Date</p>			
Emergency Contact: _____ <p style="text-align: center;">Full Name Phone # Relationship to Child</p>			
Adult Volunteers Needed (Please check at least one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Parent Board Advisor <input type="checkbox"/> Computer Help <input type="checkbox"/> Laundry, Mending, Sewing <input type="checkbox"/> Computer Help </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Woodworking <input type="checkbox"/> Artistic Painting Figures <input type="checkbox"/> Calligraphy <input type="checkbox"/> Cleaning up the Atrium </td> </tr> </table> <p style="text-align: center;">THANK YOU!</p>		<input type="checkbox"/> Parent Board Advisor <input type="checkbox"/> Computer Help <input type="checkbox"/> Laundry, Mending, Sewing <input type="checkbox"/> Computer Help	<input type="checkbox"/> Woodworking <input type="checkbox"/> Artistic Painting Figures <input type="checkbox"/> Calligraphy <input type="checkbox"/> Cleaning up the Atrium
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_____	_____		
Signature	Date		

CHILD'S INFORMATION:

First Name: _____ **Last Name:** _____

Birth date: _____ **School:** _____

Grade as of September _____

Note: A copy of the child's baptismal certificate is required, if not baptized a copy of the baptismal certificate of the parent who is Roman Catholic is required.

Does child have food allergies? Please List: _____

CHILD'S INFORMATION:

First Name: _____ **Last Name:** _____

Birth date: _____ **School:** _____

Grade as of September _____

Note: A copy of the child's baptismal certificate is required, if not baptized a copy of the baptismal certificate of the parent who is Roman Catholic is required.

Does child have food allergies? Please List: _____

I give permission for my child(ren)'s art work to be shared for teaching purposes:

Yes () **No** ()

I give permission for my name, address and telephone numbers to be placed on a class list and distributed to the parents of the children in the atrium:

Yes () **No** ()

I give permission for my child(ren)'s photograph and/or video to be taken in the atrium:

Yes () **No** ()