



# Catechesis of the Good Shepherd

## Annual Registration

Fee: \$150

(Cash, cheque payable to Immaculate Conception Parish or eTransfer to [office@immaculatepeterborough.ca](mailto:office@immaculatepeterborough.ca))

### IMMACULATE CONCEPTION PARISH

386 Rogers Street, Peterborough, ON K9H 1W7

Office Hours: Tuesday, Wednesday, Thursday from 8:30 a.m. to 3:00 p.m.

[office@immaculatepeterborough.ca](mailto:office@immaculatepeterborough.ca)

**705-742-5466**

[www.immaculatepeterborough.ca](http://www.immaculatepeterborough.ca)

Please submit this form to the parish office with full payment. This does not automatically guarantee a spot. **Ruth Ann McClure, Director of Faith Formation**, will contact you with confirmation.

- LEVEL ONE — For children 3-6 years old (JK to SK)  
Prerequisite: Children must be toilet trained and able to separate from Mom & Dad.
- LEVEL TWO — For children 6-9 years old (Grades 1 to 3)
- LEVEL THREE — For children 9-12 years old (Grades 4 to 6)

#### CATECHESIS OF THE GOOD SHEPHERD (CGS) FORMATION COMPLETED:

- Level One: Number of Years \_\_\_\_\_ Where? \_\_\_\_\_
- Level Two: Number of Years \_\_\_\_\_ Where? \_\_\_\_\_
- Level Three: Number of Years \_\_\_\_\_ Where? \_\_\_\_\_

FAMILY NAME		HOME PARISH	
Mom	Phone	Email	
Dad	Phone	Email	
Adult dropping off/picking up child:		Relationship	
Contact number	Email		
CHILD'S FULL NAME	Gender		<input type="checkbox"/> M <input type="checkbox"/> F

**CHILD'S INFORMATION**

Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Level of understanding English:       Fluent       Broke       Not at all (beginner)

Learning or behavioural concerns: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

OHIP #: \_\_\_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT (during classes):**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**RELEASE**

I understand that reasonable precautions will be taken to safeguard the health and well-being of participants in CGS, and that I will be notified as soon as possible in the event of an emergency or illness. If necessary, I authorize the CGS catechist(s) or other volunteer associated with this program, to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter, in the event that a parent or legal guardian(s) cannot be reached. I hereby release and forever discharge the Diocese of Peterborough and Immaculate Conception Parish from all manner of actions and claims which I or the child named above may have, for any reason, arising from my child's attendance at CGS.

Parent/Guardian Name (*print*): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT**

I consent to allowing my child and his/her artwork to be photographed for parish use, emails, newsletters, displays, website and promotions of the CGS Association of Canada in general. Any other use requires a parent's consent.

Parent/Guardian Name (*print*): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE**

Fee paid by: Cash\_\_\_\_/Cheque #\_\_\_\_/eTransfer\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_