NEW REGISTRATION FORM
2025 – 2026 Catechesis of the Good Shepherd

Immaculate Conception Parish
386 Rogers Street, Peterborough, ON K9H 1W7
cgs@immaculatepeterborough.ca | www.immaculatepeterborough.ca/cgs

REGISTRATION ACCEPTED AT ANY TIME THROUGHOUT THE 2025-2026 SEASON

- **Submit Form to:** cgs@immaculatepeterborough.ca
- **Submit $150 Fee**: Cash, or cheque payable to Immaculate Conception Parish
  or eTransfer to office@immaculatepeterborough.ca

PLEASE NOTE: This does not automatically guarantee a spot.
Ruth Ann McClure will contact you to confirm.
For questions please call Ruth Ann: 613-884-6007

LEVEL ONE: For children 3-6 years old (JK to SK) **Saturday 9:30 a.m. — 11:30 a.m.**
NOTE: The children must be toilet-trained and able to separate from Mom and Dad.

CHILD'S FULL NAME: _____

Sex *(circle one):* M | F

Birth Date: _____ Current Age: _____ School & Grade: _____

Level of understanding English *(check one)*: ☐ Fluent ☐ Broken ☐ Not at all (beginner)

Previous *Catechesis of the Good Shepherd* Experience: ☐ Yes ☐ No

If Yes: Where _____ Year: _____ Catechist Name: _____

FAMILY NAME: _____Home Parish: _____

Mom: _____ Phone: _____ Email: _____

Dad: _____ Phone: _____ Email: _____

Adult dropping off/picking up child | Relationship: _____|_____

Contact Number: _____ Email: _____

MEDICAL INFORMATION: Allergies, medical conditions (include use of medication, EpiPen etc.), learning or behavioural concerns: OHIP #: _____ Description: _____

EMERGENCY CONTACT *(during CGS):* Name: _____ Contact #: _____

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

Parent/Guardian Name *(please print name):* _____

Parent/Guardian Signature: _____ Date: _____

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

Parent/Guardian Name *(please print name):* _____

Parent/Guardian Signature: _____ Date: _____