

**NEW REGISTRATION FORM**  
**2024 - 2025 Catechesis of the Good Shepherd**

**Immaculate Conception Parish**  
386 Rogers Street, Peterborough, ON K9H 1W7  
[cgs@immaculatepeterborough.ca](mailto:cgs@immaculatepeterborough.ca) | [www.immaculatepeterborough.ca/cgs](http://www.immaculatepeterborough.ca/cgs)

**REGISTRATION ACCEPTED AT ANY TIME THROUGHOUT THE 2024-2025 SEASON**

- **Submit Form to:** [cgs@immaculatepeterborough.ca](mailto:cgs@immaculatepeterborough.ca)
- **Submit \$150 Fee:** Cash, or cheque payable to Immaculate Conception Parish or eTransfer to [office@immaculatepeterborough.ca](mailto: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: \_\_\_\_\_

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**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: \_\_\_\_\_