



Good Shepherd Faith Formation

2009-2010

Pre-Confirmation Registration Form

Sessions: Tuesday— 6:30 pm to 8:30 pm

Date Pd _____

Amt Pd _____

Ck# _____ Csh _____

Date _____

Youth Name _____ M ____ F ____
(Last Name) (First Name) (Sex)

Date of Birth ____ / ____ / ____ Birth Place (City) _____ (State) _____ (Country) _____
Month Day Year

Age ____ Shirt Size: Sm ____ Med ____ Lg ____ XL ____ Other ____ E-Mail: _____

School _____ Grade _____ Student Cell # _____

Home Address _____ Home Phone (____) _____

City _____ Zip _____

Baptized? Yes ____ No ____ 1st Eucharist? Yes ____ No ____

(New students-copy of the sacramental certificate must be submitted at time of registration)

If he/she received a sacrament at Good Shepherd please enter date received ... 1st Comm ____ / ____ / ____ / ____ Baptism ____ / ____ / ____ / ____
(copy of sacramental certificate is not necessary if received at Good Shepherd Parish)

Mother's First Name _____ Married Y__N__ Maiden Name _____

Occupation _____ Work Phone _____ Mom Cell # _____ E-Mail _____

Birth Mother (if different from above) First Name _____ Maiden Name _____

Father's Name _____ Married Y__N__ E-Mail _____

Occupation _____ Work Phone _____ Dad Cell # _____ E-Mail _____

REGISTRATION FEE:

1 student = \$100 - 2 students = \$180 - 3 students = \$260

(Fees are based on a per family basis only)

EMERGENCY INFORMATION (Other than Parents)

1. Name _____ Relationship _____ Home Ph _____

Work Ph _____

Street Address _____ City _____ Cell Ph _____

2. Name _____ Relationship _____ Home Ph _____

Work Ph _____

Street Address _____ City _____ Cell Ph _____

Does your child have special needs? Yes _____ No _____

If so, please explain (e.g., any health concerns such as but not limited to ADD, autism, epilepsy, food allergies, and /or emotional or custodial concerns) Additional sheets may be attached if necessary.

PHOTO/VIDEO RELEASE

I, hereby, authorize Good Shepherd Parish of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph or record on audio or video, (child's name) _____, for purposes of furthering the mission of the Faith Formation program. Photos, audio, video may be used in printed materials and any other visual display or media.

I understand that such photos and/or audio or video recordings will be used for Good Shepherd Faith Formation related purposes and will not be used for any commercial purpose whatsoever. I, therefore, hereby waive any kind and all rights my child/ward or I may have for compensation of any kind, which could otherwise accrue for the use of such photos and/or audio or video recordings.

CONSENT /RELEASE

I UNDERSTAND THAT Good Shepherd Parish or Faith Formation office does not assume responsibility for payment of a physician. However, in an emergency, I authorize emergency medical treatment and agree that you may choose the physician(s).

I HEREBY RELEASE, both individually and collectively, the Diocese of San Diego, Good Shepherd Parish, its staff and host families (home study), from any and all liability arising from the care supervision of my children.

Parent/Guardian Signature _____ Date _____