

# Holy Family Parish

Catechesis of the Good Shepherd ♦ Registration Form 2010-2011

Parent(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a registered member of the Parish? (month/year) \_\_\_\_\_

Please indicate your first and second choice for your class time in case your first choice is full.

## Class times are:

3-6yr Atrium Monday 5:30-7:30 \_\_\_\_\_ Thursday 10:00-12:00 \_\_\_\_\_

6-8yr Atrium Thursday 5:30-7:30 \_\_\_\_\_

Name	Age	Birthdate	Allergies
------	-----	-----------	-----------

_____	_____	_____	_____
Name	Age	Birthdate	Allergies

_____	_____	_____	_____
Name	Age	Birthdate	Allergies



(Continued on other side)

