

**ATRIUM REGISTRATION FORM**  
**Parish of Corpus Christi Catholic Church**  
 Catechesis of the Good Shepherd Religious Formation  
 Level 1                                      School Year 2010-2011

**Please indicate one:**  
 New student/1<sup>st</sup> year  
 Returning student: 2<sup>nd</sup> year  
 Returning student: 3<sup>rd</sup> year

**Please fill out one form for each child:**

Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age on Sept. 1, 2010 \_\_\_\_\_  
 (Toilet Independent)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail address \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

On Sept. 1, 2010, if your child will be attending school, please list the school name, hours and days:

\_\_\_\_\_

Please list the names & ages of other children whom you are registering for the Atrium Program:

\_\_\_\_\_

Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice of class times. (Make your selections carefully as you may be asked to help out in the childcare rotation, set-up, or take down of room during that session.)

DAY	SESSION TIME	CHOICE
Tuesday	9:30-11:00 am	_____
Tuesday	6:15-7:15 pm	_____
Wednesday	9:30-11:00 am	_____

REGISTRATION FEES: 1 CHILD: \$75      2 CHILDREN: \$120      3 OR MORE CHILDREN: \$150.

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Like all the Catholic Education Programs, the Catechesis of the Good Shepherd Religious Formation is a co-operative ministry. The success of your child’s religious formation depends on your participation.

Please indicate what is applicable for you as the parent for the school year 2010-2011:

- I am a trained catechist for the Catechesis of the Good Shepherd. ♦
- I am interested in aiding in the Atrium on a weekly basis. ♦
- I am willing to help with weekly room set-up or take-down of the Atrium. ♦
- I am interested in more information about training to become a catechist.

♦ Any parent committed to helping in the Atrium on a weekly basis (either as a Catechist, Room Assistant, Set-up or Take-down person) will *not* be put into a rotation of helping with the childcare during their Atrium session.

*I understand that my child’s participation in the Catechesis of the Good Shepherd program requires a cooperative effort. I agree to provide consistent parent support and to help this program.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY ♦ FOR OFFICE USE ONLY ♦ FOR OFFICE USE ONLY**

Date Form Received _____	Child placed in session: _____
Date Payment Received: _____	Notification mailed: _____
Check # _____ Check Amt. _____	Child placed on Wait List: _____
Cash Amt. _____	Initials: _____
Notification mailed: _____	
Atrium Reg Form .	
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