

ATRIUM REGISTRATION FORM
Parish of Corpus Christi Catholic Church
Catechesis of the Good Shepherd Religious Formation
Level 1 School Year 2011-2012

Please indicate one: <input type="checkbox"/> New student/1 st year <input type="checkbox"/> Returning student: 2 nd year <input type="checkbox"/> Returning student: 3 rd year
--

Please fill out one form for each child:

Child's name: _____

Birth date: _____ Age on Sept. 1, 2011 _____
(Toilet Independent)

Home Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail address _____

Mother's name: _____

Father's name: _____

On Sept. 1, 2011, 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 1st, 2nd, and 3rd 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	_____
Wednesday	9:30-11:00 am	_____

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

ATRIUM REGISTRATION FORM

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 2011-2012

- 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: _____	
12.doc	Atrium Reg Form 11-