

Catechesis of the Good Shepherd 2025-2026 Registration Form

Please Print (Middle names REQUIRED) Family Name: Registered in Parish: Yes No Father's Name: _____ _____ Cell: ______ Religion: _____ Mother's Name: _____ _____Cell: ______ Religion: _____ Address: _____ Street City Primary Phone: _____ Email: ____ Marital Status: Married Single Widow Divorced Separated # Children being registered Registrations for RE (1-6), SPARK (grades 7-8), or TLC (grades 9-12) require a separate form Emergency contact: Name Phone _____ Information of anyone bringing student/s to/from session if other than parent: Name_____ Phone _____ Relationship to child___ Name Phone Relationship to child Photo Release: I hereby grant permission for myself or my child/children to be photographed and/or videotaped during religious education activities and events, as well as parish functions. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant my permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast on social media for the purpose of promoting parish life at All Saints Roman Catholic Parish and the Diocese of Phoenix. (Please Initial) Yes ______No__ Safe Environment Training: I hereby grant permission for my child to participate in the age-appropriate Safe Environment Training lesson provided by the Diocese of Phoenix Office of Child and Youth Protection. I understand that this lesson will be presented in the context of my child's Religious Education class and that I will be notified in advance of this scheduled presentation. (Please Initial) Yes _____ No _ Behavior Release: _____ (Please Initial) My child will dress and act respectably and modestly and use no verbal abuse or physical abuse of themselves or others. He/she will **not** leave the designated area at any time for any reason without contacting the adult in charge. I understand that if my child is involved in any serious misbehavior that I will be contacted immediately and be responsible for their immediate transportation home. Medical Release: _____ (Please Initial) In case of serious sickness or accident, I authorize and consent to any emergency medical transportation, medical diagnosis, treatment and care by a licensed doctor or hospital. Further, in the event of serious sickness or accident, I will not hold All Saints Catholic Church, the Diocese of Phoenix, or any of the religious education or youth leaders responsible. Required Paperwork: _____ (Please initial) I understand that all completed paperwork and fees must be received by the RE Office prior to my child starting classes. See checklist and deadlines for paperwork provided at time of registration. Signature: ______ Date: _____ Print Name: **Registration Fees:** \$100.00 per child (Waived for parish ministers) CASH CHECK# DATE ONLINE **AMOUNT PAYMENT** PAYMENT PLANS/NOTES

ion times include Parent and Family gatherings: Tues: 6:00 pm – 7:30 pm	
Wed: 4:30 pm – 6:00 pm	
ate, City, State of Birth:	
Gender (M/F):	
City/State:	
_ Will bring a copy on	
City/State:	
City/State:	
City/State:	
Was this child adopted?	
, or conditions? Yes No	
ate, City, State of Birth:	
Gender (M/F):	
City/State:	
Will bring a copy on	
City/State:	
City/State:	
City/State:	
Was this child adopted?	
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, or conditions? Yes No	
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sed faith formation program for young children that d, learn to listen to the Holy Spirit, and grow in their and Scripture. In the atrium, the Holy Spirit is the hearing what He wants to teach them. At All Saints, echesis of the Good Shepherd in our Atrium. This receive sacramental preparation at the proper time. ogram and attend the parent group that meets at the help in one of the following areas:	

Are you interested in serving as a Catechist or Assistant? Y _____ N _____