# First Reconciliation and First Eucharist



# Registration Forms Good Shepherd Cluster

Sacramental Prep. Registration Form (One Per Student!)

		Annual Waiver
		Materials Fee
		Consent Forms
	Volunte	eer Opportunities Sheet
☐ Copy of Baptismal Ce	ertificate (	(If NOT Baptized in the Good Shepherd Cluster Parishes).

#### **Good Shepherd Cluster, Sacramental Programs**

#### Registration 2024-2025

(Please fill out one form for each individual student enrolling in Sacrament Preparation)

Student Information					
Student's Full Name: Date of Birth:	Grada	Family Email:			
	Grade: Family Email: Cell Phone:				
Mailing Address:		Sen i none.			
Parent Information					
Father's Full Name: _		Religion	n:		
Address (11 different)	:	Phone:			
Mother's Full Name (	'lus Maiden): Religion:				
Address (if different)	Phone:				
Sacraments Student	t is Registering For:				
First Reconciliation a	and First Eucharist:				
Confirmation:					
School or Faith Form	ation at least <b>one year pri</b> c	in Sacramental Preparation must have ber to beginning their preparation. Plead or Faith Formation during the 2022-20	ase indicate where your		
Previous Sacrament Please indicate where	e your son/daughter has rece	eived:			
Baptism:					
Pari If other 1	sh Name	City/State Cluster, please include a copy of their	Date Rantismal Cartificate		
II other t	than the Good Shepherd C	cluster, please include a copy of their	Daptismai Cei uncate		
Eucharist:					
	Parish Name:	City/State	Date		
Reconciliation:					
Reconciliation.	Parish Name:	City/State	Date		
Materials Fee: <mark>Pleas</mark>	se make checks out to the	Good Shepherd Cluster!			
<i>totally separate from</i> Formation or St. Jo	Confirmation: Smust be paid in full when y Faith Formation/St. John hn's Program, you will ne	onciliation/First Eucharist: \$55.00 \$25 One-time payment in grade 10 or you turn in your registration. The <i>Ma</i> 's <i>Tuition</i> . If you have a student in ou ed to write a separate check for any S the Good Shepherd Parish Office. Fir	terials fee will be processed r Wednesday Night Faith Sacrament Materials fees.		
For Business Office:					
Total Students Regist	ered:	Date Payment Received:			

Total Material	ls Fee Due:	Check #:	
Does your ch	hild (children) enrolled in Sac No	cramental Preparation	have chronic illnesses or physical limitations?
Does your c	child (children) have any type	e of learning difficulty	?
Yes	No		
	ither of these questions: ple		les below.
			atholic School and any other information you ude a <b>copy of each child's Baptismal</b>

### **Section 3: Consent Forms:**

## MEDIA RELEASE AND AUTHORIZATION

I understand that by signing this Release and Authorization I hereby grant authority to					
Good Shepherd Cluster for the use of any videotapes, which my child/children might appear, or statements made by of public service announcen	them, in the production, display, or sale				
Parent/Guardian signature	Date				
<b>Annual Consent Form/Liability Waiver:</b> Please make sur (additional sheet in packet) <b>for each student.</b>	e to fill out a separate annual consent fo	orm			
I authorize the following to pick up my children (any no children MUST be listed):	n-parent/guardians who plans to pick	up the			