

**Good Shepherd Catholic Church**  
**Religious Education Registration - New Students**

Father's Full Name: \_\_\_\_\_ VIRTUS trained: Y N  
Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Mother's Full Maiden Name: \_\_\_\_\_ VIRTUS trained: Y N  
Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary E-mail Address: \_\_\_\_\_

List all children, date of birth (DOB), grade, school they are attending (if applicable), and dates of any Sacraments they have received. If your child is in need of a sacrament (including Baptism), please list it. Eucharist and Reconciliation are typically received in 2nd grade and Confirmation is typically received in 10<sup>th</sup> grade.

**Child 1:** \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sacrament(s) this year: \_\_\_\_\_  
Baptism: \_\_\_\_\_ 1<sup>st</sup> Eucharist: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
**Allergies, health concerns, special needs:** \_\_\_\_\_

**Child 2:** \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sacrament(s) this year: \_\_\_\_\_  
Baptism: \_\_\_\_\_ 1<sup>st</sup> Eucharist: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
**Allergies, health concerns, special needs:** \_\_\_\_\_

**Child 3:** \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sacrament(s) this year: \_\_\_\_\_  
Baptism: \_\_\_\_\_ 1<sup>st</sup> Eucharist: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
**Allergies, health concerns, special needs:** \_\_\_\_\_

**Child 4:** \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sacrament(s) this year: \_\_\_\_\_  
Baptism: \_\_\_\_\_ 1<sup>st</sup> Eucharist: \_\_\_\_\_ Confirmation: \_\_\_\_\_  
**Allergies, health concerns, special needs:** \_\_\_\_\_

\*The cost is \$15 per child or \$45 per family, K-5<sup>th</sup>. The 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> no fee, the curriculum has already been purchased. If you have any questions or concerns, please don't hesitate to contact me, Lara Detrich, at (757) 365-0579 or email [formation@cgsparish.org](mailto:formation@cgsparish.org).

\*Please circle, if you would like to volunteer as a Substitute Catechist or a Parent Volunteer.

\*Please circle one:

I do / do not give permission for pictures and/or video of my child(ren), named above, engaged in activities related to the Parish or Diocesan events to be posted in Good Shepherd publications, websites, or other social media.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_