

# GOOD SHEPHERD RELIGIOUS EDUCATION PROGRAM

625 Florida Grove Road,

Hopelawn NJ 08861

Phone: (732) 826-4859

## RE-REGISTRATION FORM 2019-20

Envelope# \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: (Mrs., Ms., Miss) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**An email \_\_\_\_\_ is necessary. This is the only way in which we keep you informed.**

**An emergency phone number is necessary in case your child is injured: \_\_\_\_\_**

**We need the name of someone who can be called if we cannot reach you.**

**Name: \_\_\_\_\_ Phone number: \_\_\_\_\_**

### **CHILDREN:**

1 NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ DOB: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

2 NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ DOB: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

3 NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ DOB: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

Office Use Only: Level Assignment

Child 1:

Child 2:

Child 3:

**Learning/behavior issues we need to be aware of: \_\_\_\_\_**

**Allergies/medical issues we need to be aware of: \_\_\_\_\_**

***If your child is classified in school, please let us know so we can help him/her the best we can. Be***

***assured that any information you give us remains confidential.***

I recognize my duty to help my child/children practice our faith by weekly Mass attendance and the reception of the Sacraments.

For Office Use Only:

Date recvd:	Payment plan:	Cash/Ck#	Total:	Posted:
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