

ST. JUSTIN MARTYR SCHOOL YEAR CATECHESIS OF THE GOOD SHEPHERD ATRIUM

Director of Faith Formation: Marge Kathalynas Email: kathalynas@stjustinmartyr.org

Family Last Name: _____ Parish Registered In: _____

Mailing Address: _____

City, State: _____ Zip: _____ Home Phone: _____

Primary Email Address: _____

Father's Name: _____ Cell Phone: _____ Email: _____

Mother's Name: _____ Cell Phone: _____ Email: _____

If parent/guardian is not home, in an emergency we should call:

Name: _____ Relationship: _____ Phone: _____

Do you give this person permission to pickup your child? YES NO

PLEASE REGISTER ALL CHILDREN ON ONE SHEET

Child's Name	Age	Previous Atrium Experience?	Sacrament Received (Circle)
		Yes No	Baptism Not Baptize
		Yes No	Baptism Not Baptize
		Yes No	Baptism Not Baptize
		Yes No	Baptism Not Baptize

SCHOOL YEAR PROGRAM

Registering for **Sunday 9:30-10:45 A.M.**

NOTE: The CGS class sessions will follow the Parish School of Religion Calendar.

Special Needs we should be aware of: (e.g. *Katie is on medication for . . . has serious allergies to . . . experiences difficulty in . . . Very shy child*)

All information will be kept confidential

PARENT or GRANDPARENT VOLUNTEERS NEEDED:

Name: _____ Email: _____

Registration Cost: \$100 per child

Out of Parish Participants: \$135 per child

PLEASE NOTE: Attendance is important. Please try your best to make this a priority.

Please make check payable to: **ST. JUSTIN MARTYR • 11910 EDDIE & PARK ROAD • SUNSET HILLS, MO 63126**