

NEW REGISTRATION / APPLICATION FORM 2023 – 2024 Catechesis of the Good Shepherd

Blessed Sacrament Parish

194 Fourth Avenue Ottawa ON K1S 2L6
613-232-4891 office@blessedsacrament.ca www.blessedsacrament.ca

Please submit to the parish office this form with \$150 registration fee, by cash or cheque made payable to 'Blessed Sacrament Parish, Tuesday to Friday, 9:30 am – 3:30 pm. → please note, e-transfers are not available) **Please note:** This does not automatically guarantee a spot. Maria Angelica Cruz will contact you to confirm a spot. **Deadline to Register is September 20th, 2023.**

LEVEL (please check one):

LEVEL ONE is for children 3 – 6 years old (JK to SK), **Saturday 9:30 am – 11:30 am**.
Fee: \$150.00

Please note: The youngest children must be toilet-taught and able to separate from Mom and Dad.

FAMILY NAME: _____ **Home Parish:** _____

Mom: _____ **Phone:** _____ **Email:** _____

Dad: _____ **Phone:** _____ **Email:** _____

Adult dropping off/picking up child | relationship: _____ | _____

Contact Number: _____ **Email:** _____

CHILD'S FULL NAME: _____ **Sex (circle one):** M

| F

Birth Date: _____ **Current age:** _____ **School & Grade:** _____

Level of understanding English (check one): fluent broken not at all (beginner)

MEDICAL INFORMATION: Allergies, medical conditions (include use of medication, EpiPen etc.), learning or behavioural concerns: **OHIP #:** _____ **Description:** _____

EMERGENCY CONTACT (during CGS): **Name:** _____ **Contact #:** _____

RELEASE: I understand that reasonable precautions will be taken to safeguard the health and well-being of participants in CGS, and that I will be notified as soon as possible in the event of an emergency or illness. In the case of an accident or sickness, I authorize and consent the CGS catechist(s) or other associated volunteer with this program to obtain medical care from a licensed physician, hospital or medical clinic for my son/daughter in the event that a legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese and Parish from all manner of actions and claims which I or the child named above shall or may have for any reason, arising from my child's attendance at CGS.

Parent/Guardian Name (please print name): _____

Parent/Guardian Signature: _____ **Date:** _____

CONSENT: I consent to allowing my child and his or her artwork to be photographed for parish use, emails, newsletters, displays, website and promotions of the CGSAC in general. Any other use requires a parent's consent.

Parent/Guardian Name (please print name): _____

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE — Fee Paid by: Cash _____ / Cheque # _____ Receipt # _____ Date Paid: _____