

**RE-ENROLMENT REGISTRATION FORM**  
**2023 - 2024 Catechesis of the Good Shepherd**

**Blessed Sacrament Parish**  
194 Fourth Avenue Ottawa ON K1S 2L6  
613-232-4891 [office@blessedsacrament.ca](mailto:office@blessedsacrament.ca) [www.blessedsacrament.ca](http://www.blessedsacrament.ca)

**Re-Enrolment Registration Fee due by SEPTEMBER 20TH, 2023.**

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

**CHILD'S FULL NAME:** \_\_\_\_\_ Sex (circle one): M  
| F

**MOM'S NAME:** \_\_\_\_\_ **DAD'S NAME:** \_\_\_\_\_

**Please check which Level** you wish to re-enroll your child:

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

**LEVEL TWO** is offered this year for children 6 years old who have previously completed Level 1 **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.

My child will **not be returning** to CGS@BSP in September. Please indicate your primary reason for not returning:

**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: \_\_\_\_\_

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