

**New Family (Check One)**

**Returning Family**

Date Received \_\_\_\_\_

Amt. Due \_\_\_\_\_

Amt Paid \_\_\_\_\_

(Office use)



### Catechesis of the Good Shepherd

### Atrium of the Two Hearts

Session Registration for 2011-2012

928-445-3141 Ext. 319

#### FAMILY INFORMATION

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Registered parishioner at Sacred Heart: Yes \_\_\_\_\_ No \_\_\_\_\_ Cell Phone # \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_

Separated \_\_\_\_\_ Single \_\_\_\_\_

Separated \_\_\_\_\_ Single \_\_\_\_\_

Spouses Name: \_\_\_\_\_

Spouses Name: \_\_\_\_\_

#### CHILDREN'S INFORMATION (Oldest to Youngest)

If sacrament data has already been given in past years, please check \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

1st Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years in Atrium: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years in Other Catechesis: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

1st Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Years in Atrium: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

PLEASE LIST OTHER CHILDREN ON BACK

*Sacred Heart Parish, 150 Fleury Avenue, Prescott, Arizona 86301*

Child's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
1st Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years in Atrium: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years in Other Catechesis: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
1st Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years in Atrium: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years in Other Catechesis: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
1st Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years in Atrium: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years in Other Catechesis: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
1st Reconciliation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
First Communion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years in Atrium: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years in Other Catechesis: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Catechesis of the Good Shepherd 2011-2012**  
(This Schedule is subject to change.)

Atrium Sessions	9:30 - 11:30	1:00-3:00	3:30 - 5:30	3:30-5:30 Upperroom
MONDAY		SH Kindergarten	Kindergarten Level I	4th, 5th, 6th Level III
TUESDAY		SH Kindergarten	Level II 1st, 2nd, & 3rd Grade	
WEDNESDAY	Preschool Level I	SH Kindergarten	Level II 1st, 2nd, & 3rd Grade (3:00-5:00)	Gr. 4, 5, & 6 Level III
THURSDAY	Preschool Level I	SH Pre-K	Level II 1st, 2nd, & 3rd Grade	
FRIDAY		Level II 1st, 2nd, & 3rd Gr. (12:30-2:30)		

**TUITION FEES:**

One Child	\$75
Two Children	\$100
Max per Family	\$125

**If you have a child who will be receiving 1<sup>st</sup> Reconciliation or Confirmation with 1<sup>st</sup> Eucharist  
Please add \$30 for Retreat/Bible/Materials**

Tuition fees are due at the start of the atrium year, unless prior arrangements are made.  
If you have any questions please call the Atrium Office @ 445-3141 ext 319.

**Circle your choices on the Schedule above.**

\*\*\*\*\*

**(Registration is not complete unless you have checked a selection and signed below.)**

Payment Contract (Check one and sign):

- Paid in full by cash or check
- Make quarterly payments
- Make monthly payments

\_\_\_\_\_ Parent Signature

Office of Youth & Young Adult Evangelization  
**PHOTO RELEASE**



I hereby grant my consent to use and release to:

The Catholic Diocese of Phoenix the use of my name and or my likeness or my teen's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of me or my child, including voice and features, with or without names, of any promotional purposes involving the diocese or parish or program, news feature stories in The Catholic Sun or other media or other purpose whatsoever, except for the endorsement of any commercial products.

I further agree that the Catholic Diocese of Phoenix may use or cause to be used, these items for any and all broadcasts, publications or reproductions, without limitation or reservation of any fee.

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parish/Program: Sacred Heart Prescott/ Catechesis of the Good Shepherd

Address: 150 Fleury Ave.

City: Prescott State: AZ Zip Code: 86301

Names of your children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(The purpose of this form is to allow us to use pictures in the various brochures, publications, news items, video tapes, Parish/Program events, programs, etc.)