

GOOD SHEPHERD PROGRAM

___3-6 years old
___6-9 years old
___9-12 years old

**2009-2010 Registration
RETURNING STUDENTS**

St. Ladislav Parish 2345 Bassett Rd. Westlake, Ohio 44145
Phone#: 440-835-2300 Fax: 440-835-5895
(This is a weekly program for children in addition to the Generations of Faith Program.)

Child's name: _____ **Date of Birth** _____ **Age** _____ **ATRIUM SESSION** _____

Years in Atrium _____
Grade in School: _____

Family Name: _____
Father's Name: _____ Mother's Name _____
Address: _____
(All mailings will be sent to this address) street city zip

Are you a registered member of St. Ladislav Parish? Yes ___ No ___
If No, to what parish do you belong? _____

Home phone: () _____ Father work phone: () _____
Mother work phone: () _____ Father cell phone: () _____
Mother work phone: () _____ Other Phone #: () _____
Fax: () _____

Parent's email address: _____

Emergency Contact (Person to contact if child becomes ill/ has emergency during class time and parent cannot be reached.

Name phone relationship

Child's medical needs:
Allergies: _____ **Medications:** _____

Additional information/notes for teachers ie. Learning disabilities, special needs, etc: _____

OFFICE USE ONLY

Fee paid: _____ **Amount:** _____ **Check #** _____ **Cash** _____ **Date:** _____

Fees: Good Shepherd Fee is \$50.00 / child \$100.00 per family
Scholarships are available based on need. Please contact Sister Johnica.