



Holy Spirit Parish
Level I Atrium @ St. Camillus
315 W. Englewood Ave.
New Castle, PA 16105
724-498-0904



This Catechesis of the Good Shepherd
 Emergency Form **Must be submitted**
before child can participate.

Please submit this form with copy of
 your child's baptismal certificate.

This registration form is for your child's participation on-site in the atrium on Sundays from 9:30 -10:45 am, or on-site participation through Kid's Kingdom Preschool once a week during regular preschool hours (Mondays or Tuesdays).

Diocesan Covid Participation form is also required for on-site participation in the atrium.

CONTACT INFORMATION

Father's Name _____ Catholic? Yes No

Mother's Name _____ Catholic? Yes No

Legal Guardian's Name if other than parent _____

Address(es) for Communications _____

Email for Communications _____ Preference: US Mail Email

Home Phone _____ Cell Phone(s) _____ / _____

You will be added to our Flocknote means of communications for emergencies, information, and cancelations.

Are you a registered parishioner of Holy Spirit Parish? Yes No

Third Emergency Contact Name: _____

Phone _____

Level I of Catechesis of the Good Shepherd is for children aged 3 – 5 years. In order to attend, your child must be able to use the restroom on their own, with minimal help. If there is an issue with this, please call Vicki and we can determine if there is a special need or other concern that can be addressed.

Child #1

Name _____ **Date of Birth** _____

Medical/Special Needs/Concerns _____

Allergies _____

Child #2

Name _____ **Date of Birth** _____

Medical/Special Needs/Concerns _____

Allergies _____

Please continue to other side

PERMISSION, VERIFICATION, AND FEES

- I give permission for my child's picture (first name only) to be used on the parish media online.
- I would like to volunteer for the Religious Education programs and realize that in order to be a volunteer, I need to have my Protecting God's Children clearances from the Diocese of Pittsburgh.
- I have stated any special needs or conditions/allergies my children have for better care of my children.
- I hereby verify that the above information is accurate to the best of my knowledge.

By signing below, I agree to all things checked off above and give permission for my child(ren) to participate in the Catechesis of the Good Shepherd, Level I.

Parent/Guardian Name

Parent/Guardian Signature

Date

If you indicated special needs or allergies, please indicate specific information that needs to be addressed further. Because your child is in our care for a time without your presence, we would like to know more about your child's condition so that we can better care for them as the need might arise.

You indicated your child _____ **has:**

_____ **Allergy** _____ **Physical Need** _____ **Learning Need** _____ **Other**

Specifics: _____

Are your child's needs LIFE THREATENING? **YES** **NO**

Does your child require emergency medication such as Epinephrine or an asthma inhaler?

YES **NO**

Does your child require assistance in another way? (Wheelchair, crutches, or any other need where we can be helpful?)

YES **NO**

Is there anything else we can do that might be helpful for your child? _____

There is a \$25 fee for each child, up to three children in the HSPLC Faith Formation Program. **Please submit form with a check payable to: Holy Spirit Parish. You may submit this form to: Holy Spirit Parish Sheepfold, 314 W. Englewood Ave, New Castle, PA 16105.** These fees are waived for Catechists and those participating through the Kid's Kingdom Academy. If you are unable to pay this fee, you will not be denied access to the program, but must call Vicki Pavalko 724-498-0904.

Office Use Only: Payment: _____ (means)	
On site _____	Remote _____