



Catechists of the  
**GOOD SHEPHERD**  
 'Let the little children come'  
 Matthew 19:14



**ST. TERESA**  
 OF CALCUTTA PARISH  
 WARREN, OHIO

**2024-2025**

**Catechesis of the Good Shepherd Registration**

**Student Information**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address, \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Pre School Name \_\_\_\_\_

Baptism Date (mm/Year) \_\_\_\_\_

Baptism Church address \_\_\_\_\_

**Parent Information**

Name: Mother \_\_\_\_\_ Phone \_\_\_\_\_

Text Y \_\_\_\_\_ N \_\_\_\_\_

Email \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_

Text Y \_\_\_\_\_ N \_\_\_\_\_

Email \_\_\_\_\_

Student lives with: \_\_\_\_\_

Parish where family is registered \_\_\_\_\_

**For Office use Only: \$30 per student fee (\$50 per family) for Faith Formation.**

Check \_\_\_\_\_ Cash \_\_\_\_\_ eGiving \_\_\_\_\_ Amount paid \_\_\_\_\_ Date \_\_\_\_\_

(over)

2024 - 2025 MEDICAL / EMERGENCY FORM

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(Name) (If parents are unavailable)

**PART 1: TO GRANT CONSENT**

I hereby give consent for the following medical care provider's and local hospital to be called:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ E.R. Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a doctor should be alerted:

**ALLERGIES / MEDICAL CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_\_\_

**PART 2: REFUSAL TO CONSENT**

I do NOT give my consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Church authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_