



REGISTRATION FORM – LEVEL 1

CATECHESIS OF THE GOOD SHEPHERD
Annapolis Atrium at Pendennis Mount
1912 Harwood Road
Annapolis, MD 21490
(410) 349-1039

OFFICE USE ONLY	
Date	_____
Check #	_____
Amount	_____
Bal. Due	_____

September 30, 2012 – May 6, 2013

(Please submit one form for each student)

Please print:

NAME OF STUDENT: _____ DATE OF BIRTH ___/___/___

ADDRESS: _____
(Street Address) (City, State, Zip Code)

HOME PHONE: _____ CELL PHONE: _____ FAX: _____

E-MAIL: _____

SCHOOL ATTENDING IN SEPT. 2012: _____ GRADE AS OF 9/2012: _____

MOTHER'S NAME: _____ MOTHER'S RELIGION: _____

MOTHER'S OCCUPATION: _____ MOTHER'S WORK PHONE: _____

FATHER'S NAME: _____ FATHER'S RELIGION: _____

FATHER'S OCCUPATION: _____ FATHER'S WORK PHONE: _____

NAME OF HOME PARISH OR CHURCH (IF APPLICABLE): _____

EMERGENCY PHONE NUMBER: _____

MEDICAL INSURANCE (PROVIDER & POLICY #) _____

Please take a few moments to answer the following questions so we may best meet the needs of your child:

WHAT DOES YOUR CHILD LIKE TO BE CALLED? (Nickname) _____

SIBLINGS (names & ages): _____

DOES YOUR CHILD HAVE SPECIAL NEEDS? (Specify – use back of sheet if necessary)

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? (Specify) _____

TUITION:	
First Child	\$150.00 _____
Siblings	50.00 each _____
TOTAL	_____

- Atrium will be open September 30 through May 6
- Sundays 9:00 a.m. – 11:00 a.m.
- Schedule will be coordinated with local school calendars and holidays.
- Children begin atrium on a staggered schedule.
- Please make a check payable to Kate Collins and send to:
Kate Collins
554 Bay Dale Court
Arnold, MD 21012