



Catechesis of the Good Shepherd

Registration Form

St Andrews Episcopal Church
Three Maple Street
Framingham, MA 01702
For more information please contact
lmills-curran@standrewsframma.org

Child's name: _____

Nickname/preffered to be called: _____

Parent/Guardian name: _____

Address: _____

Home Telephone: _____ Cell Phone: _____

Home e-mail address: _____

Child's age: _____ Date of Birth: _____ Gender: M F

Last school grade completed: _____

Siblings: _____

In case of emergency(when the parent/guardian cannot be reached) please contact:

Name: _____

Telephone: _____

Relationship to child: _____

Please list any allergies/medical needs the CGS staff should be aware of:

Person responsible for picking up this child at the end of the CGS session:

Name: _____

Telephone number: _____

Tell us anything special that you'd like us to know about your child

Special needs/circumstances: _____

Signature of parent/guardian: _____

Volunteers

Please indicate if you would like to volunteer: Yes No

Do you need nursery care for a child under 3: Yes No