



Catechesis of the Good Shepherd

Decision Point

Confirmation

St. Therese, Church of the Little Flower Registration Form
Fee: \$50/child (Make checks payable to Little Flower Church)

Child's name _____

Address _____

Date of Birth _____ Age _____ Grade _____

Sacraments _____

Additional Child's name _____

Date of Birth _____ Age _____ Grade _____

Sacraments _____

Parent's Contact Information:

Mother's Name: _____

Landline # _____ Cell # _____ Email _____

Father's Name: _____

Landline # _____ Cell # _____ Email _____

Emergency Contact (name/relationship):

Landline # _____ Cell # _____ Email _____

Specific needs (allergies, medical concerns, learning disabilities) your child may have:

Is your child baptized? If so, where? _____

*I authorize Little Flower to contact emergency services for my child in case of medical emergency.

Parent signature _____ Date _____

*I grant permission to publish my child's name and/or photo on the parish website, bulletin.

Parent signature _____ Date _____