

St. Louis King of France Catholic Church  
Early Childhood Ministry  
**Catechesis of the Good Shepherd**  
Registration/Enrollment Form  
Please complete the entire form. **ALL BLANKS MUST BE FILLED**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's or Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Your child must be potty trained in order to attend Catechesis of the Good Shepherd**

Do you have children enrolled in the Early Childhood Development Center? Yes      No

Are you a member of St. Louis Catholic Church? Yes    No

**I hereby authorize the Early Childhood Ministry to allow my child to leave the program ONLY with the following persons:**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_ Phone# \_\_\_\_\_

**Special Needs your child may have**, including known allergies, existing illnesses, previous serious illnesses, and injuries, any disabilities, and hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use.

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

**Authorization for Emergency Medical Attention** In the event that I cannot be reached to make arrangements for emergency medical attention:

\_\_\_ I authorize the facility director or person in charge, to care for my child.

\_\_\_ I give permission for the director or person in charge to transport my child to the hospital.

\_\_\_ I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Photo Consent**

I hereby \_\_\_\_\_ give \_\_\_\_\_ do not give -- my consent for St. Louis Catholic Church and Dioceses of Austin to use my child's image and likeness in print and broadcast.

I agree to pay the yearly tuition rate of \$100.00 per child due at first class.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date