Faith Formation
Good Shepherd Catholic Community
299 Main St., Aurora, NY 13026
(315) 364-7197

Religious Education Registration for 2026-2027

Child's Info

First Name	Middle Name	Last Name	Nickname

Home Address	City, State	Zip

Birthday and Year	Grade entering in Fall 2026	School

Child's Sacramental Info

Baptism Date	Parish where Baptism took place
1st Penance Date	Parish where 1st Penance took place
1st Communion Date	Parish where 1st Communion was received

Are you hoping for your child to prepare for any Sacraments this year? _____

Health and Safety Info

Physician's Name	Physician's Phone Number

Does your child have any allergies or special needs? (Feel free to attach a note if you like)

All medications, epipens, etc must remain in the Religious Education Office for safekeeping during the program.
**NKDA = No Known Drug Allergies*

Emergency Contact (If the parents aren't available)	Emergency Contact's Phone Number

The registration fee is $60 per child for the first two children, then $40 for any additional children. Checks should be written out to "*Good Shepherd Catholic Community*".
Mail registration forms to: Faith Formation, 299 Main St., Aurora, NY 13026
If you cannot afford the registration fee, please call the Parish Office at 315-364-7197 to make arrangements.

Family Info (Fill out one form per family)

Parish where your family is currently registered:

Mother's Full Name (First, Maiden, Last)	**Mother's best phone number (cell preferred)**	**Mother's second best phone number (work/home)**
Mother's email address		
Father's Full Name	**Father's best phone number (cell preferred)**	**Father's second best phone number (work/home)**
Father's email address		

Stepfather's/Stepmother's Name	**Best phone number (cell preferred)**	**Second best phone number (work/home)**
Stepfather/Stepmother's email address		

Should anyone else in your family receive religious ed updates?
(Grandparents, Step-parents, etc)

Full Name	**Best phone number (cell preferred)**	**Second best phone number (work/home)**
Home Address	**City, State**	**Zip**
Email address		

Who else has your permission to pick up your child (children) at dismissal time?

Do you have any objections to your child's (children's) photo being taken and/or displayed in church for special events? Yes_____ No_____