

ST.MARY'S "GOOD SHEPHERD" PROGRAM

Registration for 2008 -2009

[Age 3 - 6 years old]

Child's Name: _____
 First Middle Last

Birthdate: _____

Age as of September 30, 2008: _____

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Is your child potty trained?: _____

Any information helpful in understanding your child: _____

{Choose time slot:} 9:15-10:30 a.m.: _____ (**OR**) 11:15a.m.-12:30 p.m.: _____

Make checks payable to: St.Mary's Good Shepherd

Fee: \$25.00 per child [please use one form per child]

Mail check and registration form to: Mrs. Debbie Geason
St. Mary Church
429 Central Ave.
Sandusky, OH 44870

Office use: Total Due: \$ _____ Amt. Paid: \$ _____ Date Paid: _____

Cash: _____ OR Check #: _____