ST.MARY'S "GOOD SHEPHERD"

Registration for 2009 –2010

[Age 3 – 6 years old]

Child's Name: _____

First **Middle** **Last**

Birthdate: _____

Age as of September 30, 2009:_____

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:} 9:15-10:35 a.m.:_____ (***OR)*** 11:15a.m.-12:35 p.m.:_____

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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 #:_____