



SACRED HEART
CATHOLIC CHURCH

GOOD SHEPHERD Registration 2019-2020

550 Smith Road, Fremont, OH 43420



Family Last Name: _____

Date: _____

Address: _____

Home Phone: _____

Work/Cell: _____

Email: _____

Emergency Contract: _____

Father's Name: _____

Father's Religion: _____

Mother's Name: _____

Mother's Religion: _____

Please number Mass times in order of your preference for you child(ren) attending Good Shepherd:

(1) is your top preference and (2) is your lowest preference. We will accommodate you in the order your registration is received, as we have limited space.

_____ 9:15am-10:30am (during PSR)

_____ 10:45am-12:00pm (during Mass)

Child #1	Birth Date	Sex	School (if attending)	Grade
_____	_____	_____	_____	_____

Sacrament and Date: Baptism date: _____ Catholic? **Y N** Place of Baptism: _____

Special Needs (medical, learning or physical disabilities): _____

Child #2	Birth Date	Sex	School (if attending)	Grade
_____	_____	_____	_____	_____

Sacrament and Date: Baptism date: _____ Catholic? **Y N** Place of Baptism: _____

Special Needs (medical, learning or physical disabilities): _____

Child #3	Birth Date	Sex	School (if attending)	Grade
_____	_____	_____	_____	_____

Sacrament and Date: Baptism date: _____ Catholic? **Y N** Place of Baptism: _____

Special Needs (medical, learning or physical disabilities): _____