



Holy Redeemer By The Sea Catholic Parish

Staffed by the Oblates of St. Francis De Sales

Catechism of the Good Shepherd Registration 2025 - 2065 (Registration is for children currently ages 4 years old – 5 years old)

Classes will be held in the Educational wing.
Classes begin after 9:00 a.m. Mass and end at 11:30 a.m.
Classes being 26 October 2025

Forms are due by 22 October. Please submit back to the Parish office or via email to HRBTSFaithFormation@gmail.com.

Note - *ALL fields are required to be completed.*

PARENT/ Legal Guardian Name(s) _____
Last Name First Name

Last Name First Name

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

Please print email address clearly

- All families **MUST BE** registered Parishioners of Holy Redeemer Parish.
If you are not registered with the parish, check here. _____
- Please provide a Baptismal Certificate, unless they were baptized at Holy Redeemer or Holy Trinity. If baptized at Holy Redeemer or Holy Trinity please check here. _____

Holy Redeemer by the Sea Parish
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Note - *ALL fields are required to be completed.*

NAME OF CHILD (#1) REGISTERING FOR CATECHISM OF THE GOOD SHEPHERD

CHILD'S NAME: _____
First Name Middle Name Last Name

Birth Date ____ / ____ / ____
Month Day Year

(RETURNING STUDENTS DO NOT NEED TO FILL IN THE SACRAMENTAL INFORMATION BELOW)

Did your child receive the sacrament below? If so, date the sacrament was received.

Baptism ☐ Yes ☐ No Date: _____

ANY ALLERGIES: _____

Note - *ALL fields are required to be completed.*

NAME OF CHILD (#2) REGISTERING FOR CATECHISM OF THE GOOD SHEPHERD

CHILD'S NAME: _____
First Name Middle Name Last Name

Birth Date ____ / ____ / ____
Month Day Year

(RETURNING STUDENTS DO NOT NEED TO FILL IN THE SACRAMENTAL INFORMATION BELOW)

Did your child receive the sacrament below? If so, date the sacrament was received.

Baptism ☐ Yes ☐ No Date: _____

ANY ALLERGIES: _____

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I give permission for my son's/daughter's pictures to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting any event.

Signature of Parent/Guardian: _____ **Date:** _____

Additional Comments and/or Suggestions that would be helpful for us to know about your child(ren).

Please let us know if you can assist in any way with our Faith Formation Program! Participating requires background checks and Safe Environment Training.

If you are interested in assisting, we will contact you to complete both items prior to assisting.

I am interested in assisting in the below area(s):

Teacher _____ Aide _____ Substitute Teacher _____

Thank you, and God Bless!