



**Blessed Sacrament Parish**  
 HOME OF THE PILGRIM STATUE OF OUR LADY OF THE CAPE, QUEEN OF CANADA  
 194 Fourth Avenue, Ottawa ON, K1S 2L6  
 613•232•4891  
[office@blessedsacrament.ca](mailto:office@blessedsacrament.ca)    [www.blessedsacrament.ca](http://www.blessedsacrament.ca)



**New to CGS@BSP**  
 2020 – 2021 Catechesis of the Good Shepherd  
**REGISTRATION / APPLICATION FORM**

Please submit to the parish office this form with \$150 registration fee, by cash or cheque made payable to ‘Blessed Sacrament Parish’ → please note, e-transfers are not available), Tuesday to Friday, 9:30 am – 3:30 pm. **Please note:** This does not automatically guarantee a spot. Ruth Ann McClure will contact you to confirm a spot. **Deadline to Register is Friday, September 4, 2020.**

**LEVEL** (please check one):

- LEVEL ONE** is for children 3 – 6 years old (JK to SK), **Saturday 9:00 am – 11:00 am** ..... **Fee: \$150.00**  
**Please note:** The youngest children must be toilet-taught and able to separate from Mom and Dad.
- LEVEL TWO** is for children 6 – 9 years old (Grades 1 to 3), **Saturday 9:00 am – 11:00 am** ..... **Fee: \$150.00**
  - Previous CGS experience: Level \_\_\_\_\_ Number of Years \_\_\_\_\_ Where? \_\_\_\_\_
  - Previous CGS experience: Level \_\_\_\_\_ Number of Years \_\_\_\_\_ Where? \_\_\_\_\_
- First Sacraments through CGS - Please note:** For your child to celebrate these Sacraments through CGS, children must take part in both year 1 and year 2 of Level Two.

**FAMILY NAME:** \_\_\_\_\_ **Home Parish:** \_\_\_\_\_

**Mom:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dad:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Adult dropping off/picking up child | relationship:** \_\_\_\_\_ | \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**CHILD’S FULL NAME:** \_\_\_\_\_ **Sex (circle one):** M | F

**Birth Date:** \_\_\_\_\_ **Current age:** \_\_\_\_\_ **School & Grade:** \_\_\_\_\_

**Level of understanding English (check one):**     fluent     broken     not at all (beginner)

**MEDICAL INFORMATION:** Allergies, medical conditions (include use of medication, EpiPen etc.), learning or behavioural concerns: OHIP #: \_\_\_\_\_ **Description:** \_\_\_\_\_

**EMERGENCY CONTACT** (during CGS): **Name:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

**RELEASE:**

I understand that reasonable precautions will be taken to safeguard the health and well-being of participants in CGS, and that I will be notified as soon as possible in the event of an emergency or illness. In the case of an accident or sickness, I authorize and consent the CGS catechist(s) or other associated volunteer with this program to obtain medical care from a licensed physician, hospital or medical clinic for my son/daughter in the event that a legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese and Parish from all manner of actions and claims which I or the child named above shall or may have for any reason, arising from my child’s attendance at CGS.

**Parent/Guardian Name (please print name):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSENT:**

I consent to allowing my child and his or her artwork to be photographed for parish use, emails, newsletters, displays, website and promotions of the CGSAC in general. Any other use requires a parent’s consent.

**Parent/Guardian Name (please print name):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE — Fee Paid by:** Cash \_\_\_\_\_ / Cheque # \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Paid: \_\_\_\_\_