

Catechesis of the Good Shepherd

ATRIUM INFORMATION FORM

Name of church, school, or other setting in which atrium is located:

PARISH SCHOOL HOME OTHER

Name of atrium (if it has a specific name):

Street address:

City: State: Zip:

Atrium contact person:

Phone: () Fax: ()

Email:

Does your atrium have children of different denominations? yes no

Is your atrium? Bilingual - Spanish/English Spanish Speaking

Does your atrium have children with special needs? yes no

Religious affiliation of atrium:

Year atrium was started:

Age levels at present: 3-6 6-9 9-12

Name of person completing this form:

Phone: ()

May we list your atrium on the Catechesis of the Good Shepherd website? yes no

Please send to:

Catechesis of the Good Shepherd
P.O. Box 1084
Oak Park, IL 60304