



Friday, October 31, 2025

## Course Registration and Agreement for Catechist Formation in The Catechesis of the Good Shepherd

### Hosting Site Information

**Hosting Site** St. Peter St. Joan of Arc Catholic Church,

**Will the course be hosted at a site in the United States or at an International location?** ☒ United States

**US Hosting Site Address** 6899 Smoky Row Rd  
Columbus, Ohio, 43235

**Hosting Site Country** ☒ United States

**Hosting Site Faith Tradition** ☒ Roman Catholic

**Hosting Site Diocese** Columbus

### Detailed Course Information

**Course Level** ☒ Level I (ages 3-6)

**Course Format** ☒ Other

**Other Course Format**  
Weekly intensive in June and July

**Course Start Date** Monday, June 22, 2026

**Course End Date** Friday, July 24, 2026

**Course Meeting Dates for Part 1 (Minimum 45-60 Hours, depending on level)**  
June 22-26, 2026

**Course Meeting Dates for Part 2 (Minimum of 45-60 hours, depending on level)**  
July 20-24, 2026

**Have all course dates been submitted with this registration?** ☒ Yes, all course dates have been submitted.

**Course Meeting Times for Part 1 Dates**

9:00 am - 6:00 pm

**Course Meeting Times for Part 2 Dates**

9:00 am - 6:00 pm

**Maximum Enrollment** 40**Minimum Enrollment** 18**Course Tuition** 435**Tuition Details**

Entire tuition paid before the start.

**Will auditors be permitted in this course?** ☒ Yes**Auditor Fee** \$0.00**Terms of Course Cancellation**

If the course is cancelled by the hosts, an email will be sent to all registered and paid participants. Their fees will be refunded.

**Course Language** ☒ English**Publish Course on CGSUSA Website** ☒ Yes**How many Formation Leaders will serve this Catechist Formation course?** ☒ 1**Course Support Team/Volunteers****Hosting Site Coordinator Name** Grace Blackburn**Hosting Site Coordinator Email Address** gblackburn@spsjoa.org**Hosting Site Coordinator Phone Number** (614) 761-0905**Registration Fee Billing Contact** Cathy Johanni**Registration Fee Billing Contact Email Address** centralohiocgs@gmail.com**Registration Fee Billing Contact Phone Number** (614) 404-2865**Formation Leader(s) and Course Assistant Information****Formation Leader 1** ☒ Cathy Johanni, cjohanni@sbcglobal.net**What is the stipend for Formation Leader 1?** 3000.00

**How will the stipend be paid to the Formation Leader 1?** ☒ Entire stipend paid at the conclusion of course

**What are the other covered expenses for Formation Leader 1? Please select all that apply.** ☒ None

**Please share all additional details regarding Formation Leader 1 stipends, expenses, or any other agreements.**

none

**Will there be a Course Assistant?** ☒ No

**How will the stipend or honorarium be paid to the Course Assistant?** ☒ Not applicable

**What is the total number of team members working on the course?** 2

**Please list the names and describe the roles of any team members not previously named or listed on the registration form.**

none

### **Confirmation of Course Requirements and Signature**

**Terms and Conditions** Accepted

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**Signature** C M Bohani