



Registration Form for Children's Liturgy



PLEASE PRINT ALL THE INFORMATION ON THIS FORM.

Your child's first and last name: _____

Your child's age: _____ Grade: _____ Birthday: _____

Has your child received the sacrament of Baptism? _____

Name of Parents: _____

Address: _____

Street

City

Zip

Phone: Home: _____

Cell: _____

Email address: _____

Does your child have any medical concerns or allergies that would impact his/her participation in this program? If yes, please explain.

What are your child's strengths or special interests?

I would like the teacher to know:



Praise
the
Lord!

Psalms
148:3

