

2017-18 Children's Liturgy Registration

Child #1 _____ Age: _____
First Name Last Name

Things We Should Know (i.e: Allergies, Medical/Social/Emotional Concerns)

Child #2 _____ Age: _____
First Name Last Name

Things We Should Know (i.e: Allergies, Medical/Social/Emotional Concerns)

Child #3 _____ Age: _____
First Name Last Name

Things We Should Know (i.e: Allergies, Medical/Social/Emotional Concerns)

Parent Contact Information

Mom's Name: _____ Cell: _____

Dad's Name: _____ Cell: _____

Home Phone: _____ Email: _____

PLEASE NOTE: To help us get to know you and your child(ren), please include a **family photo** with your family's first names clearly printed on the back from left to right.