

Saint Frances Cabrini Parish

Little Church

Sunday Mornings during the 11:00 AM Mass
10:45 AM – 12:15 PM

Family Name: _____

Is your family registered at Saint Frances Cabrini **yes** **no**

If “no”, in what Parish is your family registered: _____

Contact Information

Primary Contact Person, please circle one:

Mother **Father** **Other:** _____

Primary Contact Number: _____

(This number will be used in case we need to contact a parent/guardian during Mass)

Father’s Name: _____

Mother’s Name: _____

Father’s Phone Number: _____

Mother’s Phone Number: _____

Primary Contact E-mail: _____

Primary Mailing Address: _____

Children to be registered: Ages 2 – 5 years old

Child’s Name	Age	M/F	Birthdate	Is your child baptized?	Allergies?	Special Needs or Health Concerns?	Can your child toilet independently?
1.							
2.							
3.							
4.							

(Over please)

If there is additional information that we should know about any of your children, please use this space to explain.

(ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL)

Emergency Number: (someone whom we could call if we cannot reach you during session):

Name _____ Phone# _____ relationship to child: _____

Volunteers Needed!

Every family is asked to prayerfully reflect and to consider stepping forward to help.

Please circle “yes” or “no”:

I am interested in helping with “Little Church” yes no

Signature of person completing registration: _____

_____ Date