

Please tell us a little about who or what brought you to this session
Write any other information you think might be helpful

Do you have any questions/concerns at this time? _____

Do you know any Catholics? _____

List any that are members of the parish: _____

DO YOU HAVE CHILDREN? _____ WHAT ARE THEIR AGES? _____

ARE THEY CATHOLIC? _____ ARE THEY INTERESTED IN BECOMING CATHOLIC? _____

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CHILD CARE: REGISTRATION REQUIRED (So adequate personnel are available)

CHILD-CARE may be provided during the sessions on Thursday evenings.
At least one adult and several young people are on staff to help care
for infants and young children.

Please indicate your needs for this service: ****One week in advance!!!**

Number of children that will use child care _____

Names/Ages _____

Please share any information regarding a child that will help the staff
give appropriate attention/care to that child. Thank you.

Location: ANGEL HOUSE
505 S BROADWAY