

SAINT PIUS X CATHOLIC CHURCH CHILDREN'S ENVELOPE REQUEST FORM

Please submit to Parish Office, Attn: Julianne Dougall

CHILD'S NAME: _____

CHILD'S GRADE: preschool-K 1st-2nd 3rd-6th 7th and older

ST. PIUS X PROGRAM IN WHICH CURRENTLY ENROLLED: SCHOOL CCD CGS CLW

(CCD: Children's Catechetical Development, CGS: Catechesis of the Good Shepherd, CLW: Children's Liturgy of the Word)

DAY, TIME, & CLASSROOM OF FAITH FORMATION PROGRAM: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ E-MAIL: _____

CHILD'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

All envelopes will be delivered to the child through their School or Faith Formation class.

