

2020 – 2021 Little Lambs Registration Form

Child's Name _____ Age _____ Grade _____

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Parents or Guardian (s) _____

Address _____

Primary Cell Phone #: _____ Provider (i.e. Verizon, AT&T) _____

Home Phone#: _____

Email: _____

Health and Allergy Info: *It is required that parents complete and submit one CPM Health & Allergy Form per child. Forms are available upon registration.*

Are you and or your family registered parishioners? Please specify:

Our Lady of the Assumption St. Brigid Parish Other:

I am willing and able to volunteer to assist with Little Lambs once per month.

Yes Comments:

Name:

To defray the cost of supplies, each family registered in this program is asked to pay a yearly \$10 supply fee. If this is a hardship for your family, please contact Deborah Blicharz to make alternate arrangements.

Thank you so much for your commitment to our Little Lambs Program. Should you have any questions, please contact the Office of Family Faith Formation 508-865-6624.

