

Children's Liturgy of the Word
Participant Information

Family Name: _____

Child's First Name (nickname, if they prefer): _____

Age of Child: _____

Medications child may be taking: _____

Medical or other conditions of which catechists should be aware: _____

Any other information of which Catechists should be aware: _____

Father's First Name: _____

Mother's First Name: _____

Thank you.

Catechists

Children's Liturgy of the Word

****Please return this form to the PREP Office or to the CLOW Room with your child/children.**

*****If you have multiple children participating, please complete separate forms for each.**