

Epiphany Formation Grades K-1-3-4-5-6

Parish Family Formation Program-Sundays 10:15 - 11:15 am

Child's Name _____ Age: _____ Grade & School *entering in Fall* _____

Child's Name _____ Age: _____ Grade & School *entering in Fall* _____

Child's Name _____ Age: _____ Grade & School *entering in Fall* _____

Address _____ City/Zip _____

Father's Full Name _____ Mother's Full Name _____

Phone #'s _____ Email _____

Remarks: (Special info – learning disability, physical handicap, special needs, allergies, etc.)

Suggested Fee: \$15/child

Epiphany Formation Grades K-1-3-4-5-6

Parish Family Formation Program-Sundays 10:15 - 11:15 am

Child's Name _____ Age: _____ Grade & School *entering in Fall* _____

Child's Name _____ Age: _____ Grade & School *entering in Fall* _____

Child's Name _____ Age: _____ Grade & School *entering in Fall* _____

Address _____ City/Zip _____

Father's Full Name _____ Mother's Full Name _____

Phone #'s _____ Email _____

Remarks: (Special info – learning disability, physical handicap, special needs, allergies, etc.)

Suggested Fee: \$15/child