



Date: _____

Children's Faith Formation Registration

Child's Name: _____

Date of Birth: _____ Grade Level: _____

Parents: _____

Address(es): _____

Phone(s): _____

Email(s): _____

What Sacraments has your child celebrated? Baptism Reconciliation

First Communion Confirmation

Church where your child was baptized _____

City _____ State _____ Country _____ Date _____

Has your child attended faith formation classes previously? If yes, where? _____

Sharing your gifts in the community

Children and Youth: Please check all that apply. I am willing to

play music

sing

dance

read/lector

act/be part acting out the Gospel

create art

tell stories

help with Children's Liturgy of the Word

make a graphic for program or poster

___ greet people before the liturgy

___ serve as usher at Mass (taking up the collection)

Other:

Parents:

Faith Formation classes and Children's Liturgy are led through parents generous sharing of your gifts. Each family's particular gifts are needed in the community. Please check which of these you are willing to do.

___ I will be a Children's Liturgy of the Word leader at least once every two months.

___ I will be catechist for Faith Formation – preferred grade(s) _____

___ I will help in other ways, i.e., _____

Thank you. If you have any questions, please contact:

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