

FRIENDS OF JESUS AND MARY

CITY/STATE:

PARISH:

MEETING DAY:

TIME:

PLACE:

REGISTRATION

Today's Date:	
Child's(ren's) Name(s):	
Date(s) of Birth:	Age(es)
Mother's Name:	Telephone:
Father's Name:	Telephone:
Mother's Email:	Father's Emails
Guardian's Name:	Relationship to Child(ren):
Guardian's Telephone:	Guardian's Email:
Child's(ren's) Address:	
Does the child have a medical condit	ion or allergy we should know about? Explain:
Who picks up the child? Relationship	?
through prayer (especially the Rosar	We encourage the child's love of Jesus and Mary and the Catholic Church y), meditation of the Sunday Gospel, adoration of the Blessed Sacrament, he Saints, and celebration of the Church's feast days.
You accept taking of pictures an published on social media.	d videos of your child during the prayer group for the purpose of being
	responsibility this parish, the Archdiocese of Miami, the Florida Center for dent which may cause personal injury during this activity.
Parent/Guardian Signature:	(Printed Name)
Signature-Person picking up:	(Printed Name)