



REGISTRATION FORM

Name: _____

Address: _____

Phone: _____

Email: _____

Class Name: _____

Class Date: _____

Class Name: _____

Class Date: _____

Class Name: _____

Class Date: _____

Is Childcare Needed? (Circle one: YES NO)

Number of children for childcare: _____

Ages of children for childcare: _____

For more information about our entire WWYD program,
please visit our website at www.calvary-mtairy.org

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