Created for Love
7th and 8th Grade Chastity Program

Registration Form, 2011-2012

Parent/Guardian: _____
First Name Last Name

Address: _____
Street City Zip

Phone/Cell:_____ email _____

Student Name _____
First Name Last Name Grade

Student Name _____
First Name Last Name Grade

_____ Yes, I will be attending the parent meeting on Thursday, October 30, 7:00pm at St. Michaels's

_____ No, I will not be attending the parent meeting on Thursday, October 30, 7:00pm at St. Michael's

Please check session for which you are registering your child/ren:

___ Option #1: Saturday December 3, 9:30am-12:30pm at **St. Robert's Parish,** Andover

___ Option #2: Saturday March 17, 9:30am-12:30pm at **St. Augustine's Parish,** Andover

_____ _____
Parent/Guardian Signature Date