



WEE Faith Registration ~ Spring 2010

9 ~ 11 a.m., February 13, 20 & 27

Registration deadline: Thursday, February 4, 2010

Cost: \$15/Family

Family Name: _____

Parent Name(s): **Mother:** _____

Father: _____

Children's Name(s)/Age(s):

_____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

Street Address:

City:

ZIP Code:

Home Phone:

Mobile or Day Phone:

E-Mail Address *(please write clearly)*

Registration fee may be made payable to:

St. John's

Completed forms with fees may be mailed to:

St. John the Baptist Catholic Church

12508 Lynn Avenue South

Savage, Minnesota 55378

Attn: *WEE Faith*

FOR MORE INFORMATION, PLEASE CONTACT JOAN WALERIUS

EARLY CHILDHOOD FAITH FORMATION COORDINATOR AT

JWALERIUS@STJOHNS-SAVAGE.ORG OR (952)890-9434, EXT. 252

Registration fees: \$15/family

PAID: \$ _____

CHECK # _____

DATE: _____