Children's Liturgy of the Word (CLOW) at St. Michael the Archangel Church
REGISTRATION FORM – 2010/2011

- The Children's Liturgy of the Word (CLOW) at St. Michael's Church will occur during **8:45 am Mass** on most Sundays during the school year (excluding holidays) beginning **Sunday, October 10, 2010** through **Sunday, May 1, 2011**.
- All child participants and assigned volunteers must sign-in before Mass each week in the gathering space of the main church near the Baptismal font.
- For more information about the program including description of volunteer roles, please see the **Yahoo group "CLOW_stmichaelcary"**. Contact Jill Flanagan (flanaganjill@yahoo.com) for Yahoo group membership and questions.

Parent Information:

*Since this is a **co-op program**, please select one or more volunteer roles for at least one parent. You will be scheduled on a rotating basis to serve in the role you select. The scheduling frequency will vary depending on the number of participants and volunteers. If you are unable to volunteer in a catechist role, please contact Kirsten Corazzini(kirsten.corazzini@duke.edu) or Jill Flanagan (flanaganjill@yahoo.com) to determine an alternative way you can help with the program.*

Mother's Name _____ Phone number _____

E-mail: _____ Registered St. Michael parishioner? Yes ____ No _____

SET certified? Yes _____ No _____ Date of certification (if known) _____

Preferred volunteer catechist role(s): Pre-K and Kindergarten: Lead _____ Assistant _____

1st – 3rd Grades: Lead _____ Assistant _____

Faher's Name _____ Phone number _____

E-mail: _____ Registered St. Michael parishioner? Yes ____ No _____

SET certified? Yes _____ No _____ Date of certification (if known) _____

Preferred volunteer catechist role(s): Pre-K and Kindergarten: Lead _____ Assistant _____

1st – 3rd Grades: Lead _____ Assistant _____

Child Information:

Participation in the CLOW program is encouraged for children **ages 4 through third grade**. Each child must complete a CLOW registration form before participating in the program.

Child's Name _____ Birth date _____ Current Grade _____

Please describe any special needs: _____

_____

Child's Name _____ Birth date _____ Current Grade _____

Please describe any special needs: _____

_____

Child's Name _____ Birth date _____ Current Grade _____

Please describe any special needs: _____

_____

- *Register additional children on the back of this form, if necessary.*
- ***Please return this completed registration form to the Faith Formation Office at the church.***