

Foundational Catechetical Certification/Ongoing Formation

Attendance Record

Component (*check one*): Creed Sacraments & Liturgy Morality Prayer/Spirituality Bible
 Methods (Catechists) Methods (Faith Integration) Alpha Other: (*Name of course*)

Location: _____ Facilitator: _____

Please fill in the date of each session and enter the names of the registered participants. Then, at each session, please have the participants initial the corresponding space. After the final session, please return this form to the Education Dept.

	First Name	Last Name	Session 1 Date:	Session 2 Date:	Session 3 Date:	Session 4 Date:	Session 5 Date:	Session 6 Date:	Session 7 Date:	Session 8 Date:	Session 9 Date:	Session 10 Date:	Day Away (Alpha Only) Date:
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