

**Saint Kenneth Catholic Community  
LOGOS 6th Grade Faith Formation Program  
2017-2018 Registration**

Date: \_\_\_\_\_

E-Mail \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Family Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Single Parent Home: Yes No  
Child Resides With: \_\_\_\_\_

**Thursdays 5:45-8pm**

<u>Student's Name</u>	<u>6th grade</u>	<u>School Name</u>
M F _____ Special Needs: medical, learning disabilities, allergies: _____	_____	_____
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**Required Parent Commitment (please indicate first and second choice)**

\_\_\_ Table Parent (ALL sessions) \_\_\_ Catechist (ALL sessions) \_\_\_ Kitchen (Clean up)\*  
\_\_\_ Kitchen Leader\* \_\_\_ Catechist Assistant/Sub  
\* on a rotating schedule

**Parent Volunteer Name:** \_\_\_\_\_

*Emergency Contact:* \_\_\_\_\_ *Phone:* \_\_\_\_\_  
(other than parent)

*During the course of the year, we may take pictures that involve your child. May we put these pictures in the church bulletin and/or on our website? No names will be listed.*

\_\_\_ Yes \_\_\_ No *Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Registration Fee: \$80.00 per child**  
Checks payable to: **Saint Kenneth Faith Formation**  
Amount Paid: \_\_\_\_\_ Check here to bill later:

OFFICE USE ONLY:

DATE:

Amount paid

Check/cash