

Last name _____

St. Kenneth Parish
**Family Forgiveness Night
(Reconciliation)**

2017-2018
4th graders

Mother's Name _____ Phone # _____ E-mail _____

Father's Name _____ Phone # _____ E-mail _____

Home Address _____

Child #1 Full Name _____

Parish in which baptism took place _____

Child #2 Full Name _____

Parish in which baptism took place _____

****If your child was not Baptized or did not make their First Communion at St. Kenneth please attach a copy of their Baptismal Certificate.**

****This form is for the child/children making their Reconciliation ONLY, siblings are not to be listed.**

- **Tuition Information**
\$25 per child for program & materials
(Make checks payable to St. Kenneth Faith Formation)
- **Important Information**
Your family must be registered in the parish.

We must have a Baptismal Certificate on file.

Photo Permission; I release St. Kenneth Parish of all liability and give my permission to have pictures of my family on the St. Kenneth website or in the church bulletin. (Names will not be used) Yes No

Parent Signature _____ **Date** _____

Office use only: Date _____ **Amount Paid** _____ **Check/Cash** _____