

Last name \_\_\_\_\_

# St. Kenneth Parish

## Children's Faith Formation Program (CFP) 2017-2018

### Grades 1-5

#### Parent information

Mother's name \_\_\_\_\_ cell # \_\_\_\_\_ e-mail \_\_\_\_\_

Father's name \_\_\_\_\_ cell# \_\_\_\_\_ e-mail \_\_\_\_\_

Home Address \_\_\_\_\_

**Class Registration:** **Monday 5-6:15**  **Tuesday 5-6:15**

**Student 1** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in fall 2017 \_\_\_\_\_ School Name \_\_\_\_\_

Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

\_\_\_\_\_

**Student 2** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in fall 2017 \_\_\_\_\_ School Name \_\_\_\_\_

Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

\_\_\_\_\_

**Student 3** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in fall 2018 \_\_\_\_\_ School Name \_\_\_\_\_

Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

\_\_\_\_\_

**Tuition: \$80 per child (Please make checks payable to St. Kenneth Faith Formation)**

**IMPORTANT: Your family must be registered in the parish**

**Photo Permission:** I release St. Kenneth parish of any and all liability and give permission to have pictures of my family/child on the St. Kenneth web-site and in the church bulletin: Yes  No

**Emergency contact:** Name \_\_\_\_\_ Phone number \_\_\_\_\_

(other than parent) Relationship to child \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use:** Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check/Cash \_\_\_\_\_