

Last name _____

St. Kenneth Parish
Family Religious Education Program (FRE) 2017-2018
Grades 1-6 (please take note of the grade change)

Parent information

Mother's name _____ cell # _____ e-mail _____

Father's name _____ cell# _____ e-mail _____

Home Address: _____

Class Registration: **Monday 6:30-7:30** **Tuesday 6:30-7:30**

Student 1 Last Name _____ First Name _____

Date of Birth _____ Grade in fall 2017 _____

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 _____

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 2017 _____

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

IMPORTANT: Your family must be registered in the Parish

Tuition: \$80 for your first child plus \$25 for each additional child
(Please make checks payable to St. Kenneth Faith Formation)

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

Parent Signature _____ **Date** _____

Office Use: **Date** _____ **Amount Paid** _____ **Check/Cash** _____