

St. Kenneth Catholic Community

Confirmation Program Registration

2016-2017

Date: _____

Family Name _____

E-Mail Address: _____

Address _____

Father's Name _____

City/Zip _____

Mother's Name _____

Home Phone _____

Single Parent Home No ___ Yes ___

Cell Phone _____

Child resides with _____

Cell Phone _____

Emergency Contact: _____
(other than parents) _____

Phone: _____

Phone: _____

**Parent
Volunteer
Opportunities:**

___ **Retreat Chaperone** Name: _____

Circle one: Fri. 5:30pm-11pm and Sat. 6:30am-2pm OR **Overnight Fri. 11pm-Sat.6am**

___ **Table Mentor** Name: _____

STUDENT'S FULL NAME

SCHOOL NAME

Special Needs: medical, learning disabilities, allergies..

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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: _____

Registration Fee: \$80.00 per child

Checks payable to: **St. Kenneth Faith Formation**

Amount Paid: _____ Check here to bill later:

OFFICE USE ONLY
DATE: _____

AMOUNT PAID: _____

CHECK/CASH # _____