

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 2018 \_\_\_\_\_

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 2018 \_\_\_\_\_

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 \_\_\_\_\_

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** \_\_\_\_\_