

**St. Kenneth Catholic Community**  
**LOGOS Grades 6-7 Faith Formation Program**  
**2016-2017 Registration**

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Family Name: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Single Parent Home: Yes No  
 Child Resides With: \_\_\_\_\_

**Circle One:**      **Wednesday Session 5:45-8pm**      **Thursday Session (7th Grade FULL) 5:45-8pm**

	<u>Student's Name</u>	<u>Grade in Fall 2016</u>	<u>School Name</u>
<b>M F</b>	_____	_____	_____
Special Needs: medical, learning disabilities, allergies:			
<b>M F</b>	_____	_____	_____
Special Needs: medical, learning disabilities, allergies:			
<b>M F</b>	_____	_____	_____
Special Needs: medical, learning disabilities, allergies:			

**Required Parent Commitment (please indicate first and second choice)**

\_\_\_ Table Parent (ALL sessions)    \_\_\_ Catechist (ALL sessions)    \_\_\_ Kitchen (Clean up)\*  
 \_\_\_ Kitchen Leader\*                      \_\_\_ Catechist Assistant/Sub                      \* on a rotating schedule

**Parent Volunteer Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 (other than parent)

*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:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Registration Fee: \$80.00 per child**  
 Checks payable to: **St. Kenneth Faith Formation**  
 Amount Paid: \_\_\_\_\_ Check here to bill later: