

Saint Kenneth Catholic Community

7th Grade Pre-Confirmation

2017-2018 Registration

Date: _____

E-Mail _____
 Address: _____
 City/Zip: _____
 Home Phone: _____
 Cell Phone: _____

Family Name: _____
 Mother's Name: _____
 Father's Name: _____
 Single Parent Home: Yes No
 Child Resides With: _____

Wednesdays 6:00-8:00pm

	<u>Student's Name</u>	<u>7th grade</u>	<u>School Name</u>
M F	_____	_____	_____
	Special Needs: medical, learning disabilities, allergies: _____		
M F	_____	_____	_____
	Special Needs: medical, learning disabilities, allergies: _____		
M F	_____	_____	_____
	Special Needs: medical, learning disabilities, allergies: _____		

Parent Commitment (please indicate first and second choice)

___ Table Parent
 ___ Catechist assistant

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: **Saint Kenneth Faith Formation**
 Amount Paid: _____ Check here to bill later: