

Last name _____

Saint Kenneth Parish
Family Forgiveness Night
(Reconciliation)

2018-2019
4th graders

Mother's Name _____ Phone # _____ E-mail _____ (print clearly)

Father's Name _____ Phone # _____ E-mail _____ (print clearly)

Home Address _____

Child #1 Full Name _____

Parish in which baptism took place _____

Child #2 Full Name _____

Parish in which baptism took place _____

****If your child was not baptized or did not make their First Communion at Saint Kenneth please attach a copy of their Baptismal Certificate.**

****This form is for the children making their Reconciliation ONLY, siblings are not to be listed.**

- **Tuition Information**

\$25 per child for program & materials

(Make checks payable to Saint Kenneth Faith Formation)

- **Important Information**

Your family **must** be registered in the parish.

****Reconciliation is in addition to regular Religious Education classes**

Photo Permission: I release Saint Kenneth Parish of all liability and give my permission to have pictures of my family on the Saint Kenneth website or in the church bulletin. (Names will not be used) Yes No

Parent Signature _____ Date _____

Office use only: Date _____ Amount Paid _____ Check/Cash _____