

Last name \_\_\_\_\_

Saint Kenneth Parish  
**Family Forgiveness Night  
(Reconciliation)**

2018-2019  
**4<sup>th</sup> 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 \_\_\_\_\_**