

St. Kenneth Catholic Community

Confirmation Program Registration

2018-2019

Date: _____

Family Name _____

E-Mail Address: _____

Address _____

Father's Name _____

City/Zip _____

Mother's Name _____

Home Phone _____

Single Parent Home No ___ Yes ___

Cell Phone _____

Child resides with _____

Cell Phone _____

Emergency Contact: _____
 (other than parents) _____

Phone: _____

Phone: _____

<div style="border: 1px solid black; padding: 5px; width: 80%; margin: auto;"> <p>Parent Volunteer Opportunity</p> </div>	<div style="border: 1px solid black; padding: 5px; width: 90%; margin: auto;"> <p><u>Table Mentor</u></p> <p>Name: _____</p> </div>
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STUDENT'S FULL NAME

SCHOOL NAME

Name _____

School _____

Special Needs: medical, learning disabilities, allergies.. _____

Name _____

School _____

Special Needs: medical, learning disabilities, allergies.. _____

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: _____

Registration Fee: \$80.00 per child

Checks payable to: **St. Kenneth Faith Formation**

Amount Paid: _____ Check here to bill later:

OFFICE USE ONLY
DATE: _____

AMOUNT PAID: _____

CHECK/CASH # _____