

**St. Kenneth Catholic Community**  
**Confirmation Program Registration**  
**2019-2020**

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

**Family Name** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

City/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Single Parent Home No \_\_\_ Yes \_\_\_

Cell Phone (M) \_\_\_\_\_

Child resides with \_\_\_\_\_

Cell Phone (F) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
(other than parents) \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>Parent Volunteer Opportunity</b>	<u>Table Mentor</u>  Name: _____
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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 # \_\_\_\_\_