

CHILD'S LAST NAME \_\_\_\_\_

**Saint Kenneth Parish**  
**Family Religious Education Program (FRE) 2019-2020**  
**Grades 1-6**

**Parent information**

Mother's name \_\_\_\_\_ phone # \_\_\_\_\_

E-mail \_\_\_\_\_ (e-mail will be put into Flocknote) **PLEASE PRINT CLEARLY**

Father's name \_\_\_\_\_ phone # \_\_\_\_\_

E-mail \_\_\_\_\_ (e-mail will be put into Flocknote) **PLEASE PRINT CLEARLY**

Home Address \_\_\_\_\_

**Class Registration: Monday 6:30-7:30**  **Tuesday 6:30-7:30**

**Student 1** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in fall 2019 \_\_\_\_\_

Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

\_\_\_\_\_

**Student 2** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in fall 2019 \_\_\_\_\_

Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

\_\_\_\_\_

**Student 3** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in fall 2019 \_\_\_\_\_

Please list any medical conditions, food allergies, physical limitations and or academic challenges below:

\_\_\_\_\_

**Tuition: \$80 for your first child plus \$25 for each additional child in the FRE program**  
**The discounted fee for each additional child applies to the FRE program Only,**  
**all other programs have separate registration fees which may not be combined**  
(Please make check payable to Saint Kenneth Faith Formation)

**IMPORTANT: Your family must be registered in the Parish**

**Photo Permission:** I release Saint Kenneth parish of any and all liability and give permission to have pictures of my family/child on the Saint Kenneth web-site and in the church bulletin: (names will not be used) Yes  No

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have a child making their FIRST COMMUNION or RECONCILIATION this year please fill out the separate registration forms needed for each SACRAMENT. (In addition to this class form)**

**Office Use: Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check/Cash \_\_\_\_\_**