

Child's last name _____

Saint Kenneth Parish
Family Forgiveness Night
(Reconciliation)
2019-2020
4th graders

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 _____

This form is for the Reconciliation children ONLY; Please DO NOT list siblings.

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

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 Parish please attach a copy of their Baptismal Certificate.**

Tuition: \$25.00 per child (Please make checks payable to Saint Kenneth Faith Formation)

IMPORTANT: Your family must be registered in the parish.

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 _____