

Family Name _____

St. Kenneth

Christian Formation Program

2009-2010 REGISTRATION FORM – Please complete and mail by June 1, 2009

Address: _____

City/Zip: _____

Home Phone: (____) _____

Daytime Phone: (____) _____

Is this a change of address/phone? _____

E-mail address: _____

Mother's Name _____

Father's Name _____

Single Parent Home? _____

Child resides with? _____

Child's Full Name	Baptized?		Catholic?		Eucharist?		Grade in Fall of 2009	Christian Formation Program – Grades 1-5		School Attending in Fall 2009
	Y	N	Y	N	Y	N		Monday	Tuesday	
_____	Y	N	Y	N	Y	N	_____	_____	_____	_____
_____	Y	N	Y	N	Y	N	_____	_____	_____	_____
_____	Y	N	Y	N	Y	N	_____	_____	_____	_____

Please indicate with an "X": _____ Absolutely need the choice of day I indicated above.

_____ Willing to change day if need be.

CFP Registration received by June 1: \$45/child

After June 1: \$55/child

Total Due: _____

Enclosed: _____

Bill Later: _____

Please Note:

- Please return completed forms even if not paying now.
- Checks for fees will be deposited in early July to coincide with the beginning of our fiscal year.

Make checks payable to: "St. Kenneth Church – Religious Ed."

Please cut and retain the bottom portion for your information.

NOTE:

- Checks for fees will be deposited in early July to coincide with the beginning of our fiscal year.

Keep this for your record:

_____ is/are registered for _____
[Name(s) of children] [Day(s) / Time(s)]

**If your registration is received before August 31, 2009
your child(ren) is registered for the day chosen
when your form is received by our office.
If you register after Aug. 31, 2009—we will contact you to confirm placement.**