

Confirmation

Date: _____

St. Kenneth Catholic Community
Faith Formation Program
2011-2012 Registration

Family Name _____

Address _____

Mother's Name _____

City/Zip _____

Father's Name _____

Home Phone _____

Single Parent Home Yes No

Daytime Phone _____

Child resides with _____

Cell Phone _____

Emergency Contact: _____

Phone: _____

E-Mail _____

Confirmation Preparation Grade 8

Student's Full Name

School Name

Circle One

M F _____

Special Needs: _____

M F _____

Special Needs: _____

CONFIRMATION FEE: \$70

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

Note: Checks will be deposited in early July.

Amount Paid: _____

___ **Cash** ___ **Check #** _____

___ **Bill Later**