

St. Kenneth Catholic Community
LOGOS Grades 6-7 Faith Formation Program
 2011-2012 Registration

Date: _____

Family Name: _____

Address: _____
 City/Zip: _____
 Home Phone: _____
 Daytime Phone: _____
 Cell Phone: _____
 E-Mail: _____

Mother's Name: _____
 Father's Name: _____
 Single Parent Home Yes No
 Child resides with _____

Circle One: **7th grade Wednesday Session** **6th or 7th grade Thursday Session**

**6th grade Wednesday is FULL (8/25/11)*

<u>Student's Name</u>	<u>Grade</u>	<u>School Name</u>
	Fall 2011	Fall 2011

M _____	F _____	_____
Special Needs: medical, learning disabilities, allergies...		

M _____	F _____	_____
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M _____	F _____	_____
Special Needs: medical, learning disabilities, allergies...		

Required Parent Commitment (please indicate first and second choice)

___ Catechist ___ Meal Team Leader
 ___ Catechist Assistant ___ Kitchen Crew

Parent Volunteer Name: _____

Emergency Contact: _____	Phone: _____
_____	Phone: _____

*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 web?
 No names will be listed.*

___ Yes ___ No Signature: _____ Date: _____

Registration Fee: \$70.00
Checks payable to: St. Kenneth Faith Formation
Note: Checks will be deposited in early July.
Tuition Due: \$ _____ Amount Paid: _____ Bill Later: _____

