

St. Kenneth Parish

Date: _____

LOGOS Grades 6-7 Religious Formation Program

2010-2011 Registration Form

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: _____

E-Mail: _____

Wednesday Session 5:45 pm - 8:00 pm

Circle One

Student's Name

Grade

School Name

Fall 2010

Fall 2010

M F _____

Special Needs: medical, learning disabilities, allergies...

M F _____

Special Needs: medical, learning disabilities, allergies...

M F _____

Special Needs: medical, learning disabilities, allergies...

Required Parent Commitment (please circle your commitment)

Table Parent

Photographer

Catechist

Catechist Assistant

Activity Leader

Activity Assistant

Parking Lot Monitor

Meal Team Leader

Kitchen Crew

Shopper

Parent Volunteer Name: _____

Emergency Contact: _____ **Phone:** _____
_____ **Phone:** _____

Registration Fee: \$70.00 per student

Checks payable to: **St. Kenneth Religious Education**

Note: Checks will be deposited in early July.

Tuition Due: \$ _____ Tuition Paid: _____ Bill Later: _____