



**G.I.F.T. EDUCATION PROGRAM REGISTRATION  
TO BE HELD AT SACRED HEART IN KENT**

Parent's /Guardian's Full Name: \_\_\_\_\_

Student's Full Name:

1. \_\_\_\_\_ 2018 / 2019 Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacraments Received to date: [check if yes] Baptism: \_\_\_\_\_ Communion: \_\_\_\_\_

2. \_\_\_\_\_ 2018 / 2019 Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacraments Received to date: [check if yes] Baptism: \_\_\_\_\_ Communion: \_\_\_\_\_

3. \_\_\_\_\_ 2018 / 2019 Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacraments Received to date: [check if yes] Baptism: \_\_\_\_\_ Communion: \_\_\_\_\_

4. \_\_\_\_\_ 2018 / 2019 Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacraments Received to date: [check if yes] Baptism: \_\_\_\_\_ Communion: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ PO BOX # \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Parental Email Address: \_\_\_\_\_

Do any of these children have a medial /allergic condition that we need to be aware of? Please explain here if there is.

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By signing this registration form, I note that I understand that my child will participate in the St. Kateri Tekakwitha Parish GIFT Program and that a parent / guardian must attend all GIFT MASSES and programs with the student(s) listed here.

Parental Signature: \_\_\_\_\_