



**SAINT KATERI PARISH
FAITH FORMATION
RELIGIOUS EDUCATION PROGRAM
REGISTRATION FORM**

**CLASSES HELD AT
SACRED HEART CHURCH ~ KENT
2020 - 2021**

**CLASS DATES:
PLEASE NOTE THAT FACE MASKS ARE REQUIRED FOR ALL IN ATTENDANCE**

**October 4th & 18th, November 1st & 15th
December 6th, January 17th, February 7th and 21st,
March 7th & 21st, April 11th & 25th**

Family Last Name: **[Please Print Clearly]** _____

Home Street Address: _____ PO BOX # _____

Town: _____ State: _____ Zip: _____

Home Phone # _____ Cell # _____

Parental / Guardian Email Address: **[Please Print Clearly]** _____

Student's Full Name: **[Please Print Clearly]**

1. _____ 2020 / 2021 Grade Level: _____ Date of Birth: _____

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

2. _____ 2020 / 2021 Grade Level: _____ Date of Birth: _____

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

3. _____ 2020 / 2021 Grade Level: _____ Date of Birth: _____

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

4. _____ 2020 / 2021 Grade Level: _____ Date of Birth: _____

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

Do any of these children have a medical / allergic condition that we need to be aware of? Yes ___ No ___
If yes, please explain briefly ...

Parental Signature: _____

Total Fee Enclosed with Registration: _____ [\$ 25 per student]