



**SAINT KATERI TEKAKWITHA PARISH
FAITH FORMATION
RELIGIOUS EDUCATION PROGRAM**

REGISTRATION FORM

**INSTRUCTION BEGINS AT
10 AM SUNDAY MASS CELEBRATED AT
SACRED HEART CHURCH ~ KENT
FOLLOWED BY CLASS IN THE HALL**

CLASS DATES: SEPTEMBER 19th; OCTOBER 3rd & 17th; NOVEMBER 7th & 21st;
DECEMBER 5th; JANUARY 9th & 23rd; FEBRUARY 13th & 27th;
MARCH 13th & 27th; APRIL 10th & 24th; MAY 15th

Family Last Name: **[PLEASE PRINT CLEARLY]** _____

Home Street Address: _____ PO BOX: _____

Home Phone # _____ Cell # _____

Parental / Guardian Email: **PLEASE PRINT CLEARLY]**

1. Student's Full Name: **[PLEASE PRINT CLEARLY]** _____

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

2. Student's Full Name: **[PLEASE PRINT CLEARLY]** _____

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

3. Student's Full Name: **[PLEASE PRINT CLEARLY]** _____

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

4. Student's Full Name: **[PLEASE PRINT CLEARLY]** _____

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 briefly explain: _____

Parental Signature: _____

◇ Return completed form to:
Saint Kateri Parish Office, Attention: Sandy, PO BOX 186, Kent, CT 06757