

**St. Maximilian Kolbe Parish**  
**Faith Formation 2022– 2023 Registration**  
**Pre-K – 8<sup>th</sup> grades and First Communion**

Are you currently registered at St. Maximilian Kolbe?  Yes  No \*\*

**\*\*Families MUST be registered** at the parish in order to participate in Faith Formation and Sacramental Prep.

**Father:** Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother:** Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\* Please list cellphone #'s as we correspond frequently this way**

**Child 1:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Male/Female \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone#: \_\_\_\_\_ 2nd Phone#: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Sacraments Needed: Baptism  Reconciliation  First Communion

Grade in School for year (2022-2023): \_\_\_\_\_

Baptism Date: \_\_\_\_\_ @ Church: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ @ Church: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Child 2:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Male/Female \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone#: \_\_\_\_\_ 2nd Phone#: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Sacraments Needed: Baptism  Reconciliation  First Communion

Grade in School for year (2022-2023): \_\_\_\_\_

Baptism Date: \_\_\_\_\_ @ Church: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ @ Church: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Child 3:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Male/Female \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone#: \_\_\_\_\_ 2nd Phone#: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Sacraments Needed: Baptism \_\_\_ Reconciliation \_\_\_ First Communion \_\_\_

Grade in School for year (2022-2023): \_\_\_\_\_

Baptism Date: \_\_\_\_\_ @ Church: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ @ Church: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

**Child 4:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Male/Female \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone#: \_\_\_\_\_ 2nd Phone#: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Sacraments Needed: Baptism \_\_\_ Reconciliation \_\_\_ First Communion \_\_\_

Grade in School for year (2022-2023): \_\_\_\_\_

Baptism Date: \_\_\_\_\_ @ Church: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ @ Church: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

**Questions: Please Call Cindy Kuykendall at the church office 941-743-6877**

**Cindy's Office hours: Monday – Thursday 8:30am – 4:00pm**

**at the church Sunday 8:30am – 12:00pm**