## St. Maximilian Kolbe Parish Faith Formation 2023–2024 Registration Pre-K – 8<sup>th</sup> grades and First Communion

Pre-K – 8<sup>th</sup> grades and First Communion
Are you currently registered at St. Maximilian Kolbe? \_\_ Yes \_\_ No \*\*

| <b>Father:</b> Name:   |                      |   |                 |
|--|----------------------|---|-----------------|
|  |                      | nail:   |                 |
|  |                      |   |                 |
|  |                      | nail:   |                 |
| ** Please list cellphon  | e #'s as we correspo | ond frequently this way                           |                 |
| Child 1: Last Name:  |                      | First:  |                 |
| Male/Female  | Address:             |   |                 |
| City:  | Zip:                 | Email:  |                 |
| Phone#:  |                      | 2nd Phone#:                                       |                 |
| Birthdate:   |                      | School:   |                 |
| Sacraments Need  | ded: Baptism         | Reconciliation F                                  | irst Communion  |
| Grade in School for year   | r (2023-2024):       |   |                 |
| Baptism Date:  | @ Churc              | ch:   |                 |
| City:  |                      | State   | /Zip:           |
| First Communion Date:  | @ Churc              | h:  |                 |
| City:  |                      | State   | /Zip:           |
| Special Needs:   |                      |   |                 |
| Child 2: Last Name:  |                      | First:  |                 |
|  |                      |   |                 |
| Male/Female  | Address:             |   |                 |
| Male/Female  |                      | Email:  |                 |
| Male/Female  | Zip:                 |   |                 |
| Male/Female City: Phone#:  | Zip:                 | Email:  |                 |
| Male/Female City: Phone#: Birthdate:   | Zip:                 | Email:<br>2nd Phone#:                             |                 |
| Male/Female City: Phone#: Birthdate:   | Zip:Seded: Baptism   | Email:  2nd Phone#:  School:  Reconciliation      |                 |
| Male/Female City: Phone#: Birthdate: Sacraments Nee Grade in School for year                     | Zip:                 | Email:  2nd Phone#:  School:  Reconciliation      | First Communion |
| Male/Female City: Phone#: Birthdate: Sacraments Nee Grade in School for year Baptism Date:       | Zip:                 | Email:Email:  2nd Phone#: School: ReconciliationI | First Communion |
| Male/Female City: Phone#: Birthdate: Sacraments Nee Grade in School for year Baptism Date: City: | Zip:                 | Email:2nd Phone#: School: Reconciliation I        | First Communion |

| lale/Female   | Address:  |  |                 |
|---|---|--|-----------------|
| ity:  | Zip:  | Email:   |                 |
| hone#:  |   | 2nd Phone#:                                    |                 |
| irthdate:   |   | School:  |                 |
| Sacraments Need   | ed: Baptism   | Reconciliation                                 | First Communion |
| rade in School for year   | (2023-2024):  |  |                 |
| otism Date:   | @ Chur  | ·ch:   |                 |
| zy:   |   |  | State/Zip:      |
| rst Communion Date: _   | @ Churc   | ch:  |                 |
| ty:   |   |  | _ State/Zip:    |
| ecial Needs:  |   |  |                 |
| secial recas.   |   |  |                 |
| pecial recas.   |   |  |                 |
|   |   |  |                 |
| cedar receas.   |   |  |                 |
|   |   | First  |                 |
| nild 4: Last Name:  |   |  | :               |
| nild 4: Last Name:  | Address:  | First:   | :               |
| nild 4: Last Name:<br>nle/Female  | Address:<br>Zip:  | First:   | :               |
| ild 4: Last Name:<br>ile/Female<br>y:<br>one#:  | Address:<br>Zip:  | First:<br>Email:                               |                 |
| nild 4: Last Name: nle/Female ty: one#:   | Address:<br>Zip:  | First:Email: 2nd Phone#:                       |                 |
| nild 4: Last Name: ale/Female ty: one#: rthdate: Sacraments Need                                    | Address: Zip: ed: Baptism                                 | First: Email: 2nd Phone#: School:              |                 |
| nild 4: Last Name: ale/Female ty: one#: rthdate: Sacraments Need                                    | Address: Zip: ed: Baptism (2023-2024):                    | First: Email: 2nd Phone#: School:              | First Communion |
| nild 4: Last Name: ale/Female ty: one#: rthdate: Sacraments Need rade in School for year            | Address:<br>Zip:<br>ed: Baptism<br>(2023-2024):<br>@ Chur | First:Email:2nd Phone#: School: Reconciliation | First Communion |
| ild 4: Last Name: lle/Female y: one#: thdate: Sacraments Need ade in School for year ptism Date: y: | Address:<br>Zip:<br>ed: Baptism<br>(2023-2024):<br>@ Chur | First:Email:2nd Phone#: School: Reconciliation | First Communion |

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