Saint Kateri Tekakwitha Parish
High School Confirmation Program
Registration
2025-2026

♦ **CONFIRMATION PREPARATION IS A REQUIRED TWO YEAR PROGRAM**
CLASSES HELD AT 8:25 AM
SUNDAY MORNINGS
PRIOR TO 10 AM MASS AT SACRED HEART

PLEASE PRINT CLEARLY

STUDENT NAME: _____

CURRENT GRADE:_____

RESIDENTIAL STREET ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

TOWN, STATE, ZIP: _____

EMAIL ADDRESS: _____

CELL #: _____

CATHOLIC SACRAMENTS RECEIVED TO DATE:

BAPTISM: YES: _____ **NO:**_____

IF YES, PARISH & LOCATION: _____

FIRST COMMUNION: YES_____ **NO:**_____

IF YES, PARISH & LOCATION: _____

PARENTS NAME: _____

RESIDENTIAL STREET ADDRESS: _____

TOWN, STATE, ZIP: _____

EMAIL ADDRESS: _____

CELL #: _____

◊ **PLEASE RETURN COMPLETED FORM BY SEPT 7TH**
WITH PROGRAM FEE OF $ 45 TO:

Saint Kateri Parish Office, Attention: Sandy, PO BOX 186, Kent, CT 06757