

Confirmation Registration 2026-2027
Saint Kateri Tekakwitha Parish

PLEASE PRINT CLEARLY:

Student Name: _____

Current Grade: _____

Residential Street Address: _____

Mailing Address if different: _____

Town, State, Zip: _____

EMAIL: _____

Cell: _____

Parents' Names: _____

Residential Street Address: _____

Town, State, Zip: _____

EMAIL: _____

Cell: _____

CATHOLIC SACRAMENTS RECEIVED TO DATE:

Baptism: YES NO

If YES, list Church Name and Location: _____

First Communion: YES NO

If YES, list Church Name and Location: _____

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 RETURN COMPLETED FORM BY *SEPT 20TH* WITH PROGRAM FEE OF \$45 TO:

Saint Kateri Parish Office
Attn: Confirmation Registration
PO BOX 186
Kent, CT 06757

Or place in an envelope and drop in any offertory collection basket at Mass prior to *September 20th*