



**2018-2019 CK RELIGIOUS EDUCATION REGISTRATION**  
**(Complete one registration form for each child)**  
**PLEASE PRINT CLEARLY and COMPLETE BOTH SIDES**

1 student: \$40	*FLASH ALERT- Receive weather closures/delays via text message, email or push notification plus emergency messages. Sign up at <a href="http://flashalert.net/id/cks">http://flashalert.net/id/cks</a> or download the free app for IOS and Android called FlashAlertMessenger
2 students: \$70	
3 or more: \$85	
(In the same family)	

(PLEASE INDICATE ANY CHANGES)

**Student Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Sex (M/F)** \_\_\_\_\_ **Family E-mail Address (required):** \_\_\_\_\_

**Mailing Address:** Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Physical address if different than above:** \_\_\_\_\_

**Father's name** \_\_\_\_\_

**Child lives with:** father mother both (circle)

**Mother's name** \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Teen cell) \_\_\_\_\_ (optional)

(Mother cell) \_\_\_\_\_ (Father cell) \_\_\_\_\_

**Circle your preferred method of non-emergency contact:** email home phone mother's cell father's cell

**School child is attending** \_\_\_\_\_

**Catholic Baptism:** Church name and city/state \_\_\_\_\_

**Other Baptism, name and address of church** \_\_\_\_\_

✚ Entering **First Communion Program** this Year (Grade 2/3) (circle one)  
YES NO  
 Please attach a copy of Baptism certificate with registration if not baptized at CK  
 (Must be submitted each time a sacrament will be received)

✚ Preparing for **Sacrament of Confirmation** (2 Year program beginning in 10<sup>th</sup> grade) (circle one)  
YES NO If Yes  
1st YR or 2<sup>nd</sup> YR  
 Please attach a copy of Baptism certificate with registration if not baptized at CK  
 (Must be submitted each time a sacrament will be received)

✚ **Christian Initiation of Children Program (CIC)** for children 4<sup>th</sup> grade and up who still need:  
**Sacrament(s) of Baptism and/or First Communion** (circle which are needed)

**PROGRAM:** Please circle grade entering

**Early Childhood** (3yrs- 1<sup>st</sup> grade) Sunday Mornings 9:30 am (please provide emergency number during Mass) \_\_\_\_\_

3 Yr. old (child must be 3 by August 31<sup>st</sup>)      4 Yr. old      Kindergarten      1<sup>st</sup>Grade

**Elementary** (Grade 2 through 5) Wednesday Evenings 7-8 PM      2nd    3rd    4th    5th

**Middle School** (Grade 6 through 8) Wednesday Evenings 7-8 PM      6th    7th    8th

**High School** (Grade 9-12) Sunday Evenings after LIFE TEEN Mass      9th    10th    11th    12th  
 Would you be interested in helping in our program as a teacher or helper?      Yes    No    (circle one)

**Complete both sides**

**OFFICE USE ONLY:**

<b>Pmyt Rev'd:</b>	<b>Amount:</b>	<b>CK#</b>	<b>CASH:</b>	<b>SPO:</b>	<b>Date:</b>
<b>Baptisaml Certificate:</b>	<b>Church:</b>	<b>City/State:</b>			
<b>Note:</b>					

Food allergies \_\_\_\_\_

Other allergies \_\_\_\_\_

Medical conditions or other pertinent information: \_\_\_\_\_

\_\_\_\_\_

## Christ the King Church Religious Education Consent for Minor or Emergency Medical Treatment

I, \_\_\_\_\_ am the Father/Mother/Legal guardian

Of \_\_\_\_\_, a minor, Birth date of minor \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

In case of emergency, I can be reached at the following phone numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency Contact (name & ph.#) \_\_\_\_\_

I give my consent for medical treatment as set forth below:

1. The transfer to any hospital reasonably accessible when medically necessary.
2. The administration of any emergency treatment deemed necessary by a registered nurse, emergency medical technician, licensed physician or dentist.

Any hospital or practitioner not having access to your child's medical history needs the following information:

Regular medication being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Physical impairments \_\_\_\_\_

Physician's Name & Address (street and city) \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

### Complete both sides