



2020-2021 CK RELIGIOUS EDUCATION REGISTRATION
(Complete one registration form for each child)
PLEASE PRINT CLEARLY and COMPLETE BOTH SIDES

1 student: \$40 2 students: \$70 3 or more: \$85 (In the same family)	*FLASH ALERT- Receive weather closures/delays via text message, email or push notification plus emergency messages. Sign up at http://flashalert.net/id/cks or download the free app for IOS and Android called FlashAlertMessenger
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(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 10th grade) (circle one)
YES NO If Yes
1st YR or 2nd 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 **4th 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- 1st grade) Sunday Mornings 9:30 am (please provide emergency number during Mass) _____

3 Yr. old (child must be 3 by August 31st) 4 Yr. old Kindergarten 1stGrade

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:

Pmyt Rcv'd:	Amount:	CK#	CASH:	SPO:	Date:
Baptisaml Certificate:	Church:	City/State:			
Note:					

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 _____

Vaccinations up to date? Yes ___ No ___ 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