



2022-2023 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: (in same family) **\$85**
Sacramental Fee: **\$25** per child
(2 or more) **\$50**

***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

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 _____

✠ **RELIGIOUS EDUCATION and CHRIST THE KING SCHOOL SACRAMENT** (circle one)
(fee will be applied) YES NO

✠ **Entering First Communion Program this Year (Grade 2/3)** 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)** YES NO If Yes
Please attach a copy of Baptism certificate with registration if not baptized at CK 1st YR or 2nd YR
(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

1st 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:

Pmyt Rev'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

Extra copies may be printed from the website www.ckparish.org under "Faith Formation" or picked up at the Parish office
Monday through Friday, 8:30 a.m. to 4:30 p.m.