



2024-2025 CK RELIGIOUS EDUCATION REGISTRATION
Complete one registration form for each child
PLEASE PRINT CLEARLY and COMPLETE BOTH SIDES

RELIGIOUS EDUCATION FEE
 1 Student: \$40 2 Students: \$70 3+ Students (in same family): \$85
SACRAMENTAL FEE
 1 Student: \$25 2+ Students (in same family): \$50

Student Name: _____ Student Cell _____ (optional)

Birthdate: _____ Sex (M/F) _____ Family E-mail Address: _____

Mailing Address: Street _____ City _____ Zip _____

Physical address if different than above: _____

Father's Name: _____ Father Cell _____

Mother's Name: _____ Mother Cell _____

Emergency Contact Name: _____ Phone Number: _____

Child lives with: _____ Preferred Method of Contact _____

School Child Is Attending: _____

Catholic Baptism: Church name and city/state _____

Other Baptism: Name and address of church _____

PROGRAM: Please indicate grade entering

Early Childhood (3yrs- 1st grade) Sunday Mornings 9:30 am (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 5PM Mass 9th 10th 11th 12th

SACRAMENTS: Please indicate which sacraments are needed, fee will be applied.

Please attach a copy of Baptism Certificate if not baptized at CK, must be submitted each time a sacrament is received. Students in 4th Grade and up that still need to receive Baptism or 1st Communion they will need to attend the Christian Initiation of Children Program (CIC).

Baptism (CIC Program)

First Communion

_____ Grade 2/3

_____ CIC Program

Confirmation

_____ 1st Year _____ 2nd Year

OTHER INFORMATION: Please indicate

Would you be interested in helping in our program as a teacher or helper? ___ Yes ___ No

Photo Release: Photos of my student can be printed and/or posted on advertising boards, a website, or social media page associated with Christ the King Religious Education ___ Yes ___ No

COMPLETE BOTH SIDES

OFFICE USE ONLY:

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

MEDICAL ALERTS: Please indicate where applicable

Food Allergies: _____

Drug Allergies: _____

Other Allergies: _____

Medical Conditions or other pertinent information: _____

***REMIND-** Receive class updates, weather closures/delays, and emergency messages via text message, email or push notification. You can download the app, open a web browser and go to **rmd.at/[classcode]** or text the class code to **81010**. Below are the class codes

ECRE: CKECRE	HS: CKLT2021
RE: CKREE	HS Confirmation Year 2: CKConf2024
MS: CKMSRE	MS Confirmation Year 1:
MS Youth Group: CKMSYG	MS Confirmation Year 2: CKConf2025

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

I, _____ am the Father/Mother/Legal Guardian of

_____, a minor. In case of emergency, 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 _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

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.