



2025-26 CK RELIGIOUS EDUCATION Registration Form

Complete ONE REGISTRATION FORM for EACH CHILD

Please write clearly and fill out BOTH SIDES

Religious Education

1 Student: \$40 2 Students: \$70 3+ Students (in same family): \$85

Sacramental Fee

1 Student: \$25 2+ Students: \$50

Student Name: _____

Student Cell: _____

Student Nickname: _____ Birthdate: ____/____/____ Sex (M/F): _____

Grade: _____ School Child is Attending: _____

Catholic Baptism (Church Name and City/State): _____

Other Baptism (Name and Address of Church): _____

1. Attach a copy of student's Baptism Certificate if not baptized at Christ the King Catholic Church

2. Attach a copy of student's Birth Certificate (both are required to complete registration)

Mother's Name: _____ Mother's Phone: _____

Father's Name: _____ Father's Phone: _____

Family Email Address: _____

Emergency Contact Name: _____ Phone Number: _____

Mailing Address: _____

Physical Address (if different from above): _____

Child lives with: _____

Preferred form of contact/special circumstances: _____

Please circle if your child is registering for a sacrament: Baptism First Communion Confirmation

Program: Please indicate with the grade your child is entering in the 2025/26 school year.

If your student is in 4th-12th grade and needs to receive Baptism, Reconciliation or First Communion, they need to enter the CIC program, which is a different form.

Early Childhood (3 years- 1st grade) Sunday Mornings 9:30am _____ 3yr _____ 4yr _____ Kinder _____ 1st

Child must be at least 3 years old by August 31st

Elementary (2nd-5th grade) Wednesday Evenings 7-8pm _____ 2nd _____ 3rd _____ 4th _____ 5th

2nd graders will receive their First Reconciliation and First Communion

Middle School (6th- 8th grade) Wednesday Evenings 7-8pm _____ 6th _____ 7th _____ 8th

Confirmation Year One _____ Year Two _____

High School (9th-12th grade) Sunday Evenings after 5pm Mass _____ 9th _____ 10th _____ 11th _____ 12th

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

OFFICE USE ONLY

Payment Received: Amount: CK# Cash: SPO: Date:

Baptismal Certificate: Church: City/State:

Note:

Medical Alerts: Please fill out where necessary

Is your student allergic to gluten? YES/NO

Food Allergies: _____

Drug 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. 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 Contact- the Religious Education program regularly sends out email and text updates and reminders about our programs. Please make sure that the information provided on the front of this form is correct so we can stay in contact with you.

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-Friday 8:30-4:30 (closed from 12-1 for lunch)