

Christ the King Parish Religious Education Program Registration Form 2017-2018

Last Name: _____

Mailing Address: _____
 Street/RR/Box City State Zip

E-Mail Address: _____ (Information will be sent via e-mail whenever possible if you provide this address.)

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

*Please provide mailing address for mother and father **if different** from above*

Mother's Address: _____ Father's Address: _____

Children live with: Both Mother Father Mailing should be sent to: Both Mother Father

*Please complete and sign both sides of this form.
 Fee schedule listed on the reverse side.
Return form to CTK office by Tuesday, September 5.*

Student's Name	Grade	Birth Date	Sacraments Received (Please check)		
_____	_____	_____	<input type="checkbox"/> Baptism	<input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Eucharist
_____	_____	_____	<input type="checkbox"/> Baptism	<input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Eucharist
_____	_____	_____	<input type="checkbox"/> Baptism	<input type="checkbox"/> First Reconciliation	<input type="checkbox"/> First Eucharist

Youth in Middle School and High School, if you have your own e-mail address, please provide it so information can be sent directly to you also:

Medical Information:
 Dietary Restrictions:
 Learning Style:
 (Please include other information that might be important for us to have on another sheet.)

Emergency Contact: _____ Phone Number: _____

Throughout the year we occasionally publish information in our bulletin, CTK website, CTK Facebook or local newspaper about our religious education program and service projects that take place at CTK. Please check one of the areas below so we can respect your personal choice in this matter.

- I give permission to have my children's or my name and photograph published in the above formats.
- I do not give permission to have my children's or my name and photograph published in the above formats.



Please complete other side

➤ Signature _____

Fees for Religious Education Program:

Registration fees pay only a small part of the cost of our Religious Education program.

Listed below is the fee schedule for the coming year. Anyone who is unable to pay the fee, please contact Father Steve Smith, Maureen Nelson, DRE 4K-5 or Nicole Davis, Youth Formation Director at 838-9797. All parish members are welcome, regardless of the ability to pay.

We would appreciate payment when you register. Make checks payable to Christ the King Parish.

	Registered Parishioner	Not Registered
<u>Families with Children in Grades Pre-K-10</u> <i>(Child must be 4 years old by September 1 to be enrolled in Pre-K)</i>		
_____ Single Child (Pre-K to Grade 8)	\$105	\$155
_____ Family (Pre-K to Grade 8)	\$150	\$250
_____ Confirmation Fee (Grade 9)	\$105	\$105 ** Sun. Class (8:45-10:20 am) _____ OR Sun. Class (5:00-7:00 pm) _____

Home Schooled Children

If you are choosing to home school your children, we ask that you register them as being home schooled.

Please indicate which day you and your child will attend class.

Diocesan regulations stipulate that students taking Sacrament classes (First Communion & Confirmation) must attend classes at parish.

	With Text	Without Text
One Child	\$85	\$65
Each additional child	\$20	\$0

This fee covers mailings, Youth Ministry/Kids of Faith activities.

I am home schooling my child(ren) listed here: (Please include grade) _____

Scholarship Fund

I would like to contribute this amount, \$ _____, to the Scholarship Fund for those families who cannot afford Religious Education fees.

Authorization to Consent to Treatment for Minor

I, the undersigned parent or legal guardian of children listed on this registration, who are minors, do hereby consent (in the event I cannot be reached) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and is to be rendered under the general supervision of a physician or surgeon. It is understood that this authorization is given in advance of any specific diagnosis of treatment being required. It is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable and neither the physician, surgeon, or any organization involved assumes any financial responsibility for acting under the authority granted by this consent authorization.

In the event of any minor illness or injury during the above mentioned event, the undersigned hereby grants authority to be exercised at the discretion of any adult leader, to dispense over-the-counter medication (Tylenol, Pepto-Bismol, cough medicine, etc.) and/or administer first aid as needed. If you do not wish medication to be dispensed, please cross out and initial the preceding line.)

Insurance Information:

➤ Signature of parent/guardian _____
 Print name _____
 Policy in the name of _____
 Insurance Company _____ Policy Number _____

Office Use Only	
Tuition Fee: Cash _____	Check # _____
Donation Toward Religious Education Scholarship Fund: _____	
Amount Paid: \$ _____	Date _____