

2024/25 CHRIST KING PARISH SCHOOL REGISTRATION

____/____/____
 Today's Date

Complete 1 form/child - must be accompanied by
 1. Baptismal certificate copy
 2. Birth certificate copy
 3. Immunization report
 4. Registration fee (new families, pay by check).

Student Information

Last Name			First Name			Date of Birth								
Tuesday/Thursday		Mon/Wed/Friday	Mon-Friday		Mon-Friday	K3: <input type="checkbox"/> Morning		K4: <input type="checkbox"/> Morning		<input type="checkbox"/> K5	<input type="checkbox"/> 1st	<input type="checkbox"/> 3rd	<input type="checkbox"/> 5th	<input type="checkbox"/> 7th
<input type="checkbox"/> Full Day		<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day		<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day		<input type="checkbox"/> Full Day		<input type="checkbox"/> 2nd	<input type="checkbox"/> 4th	<input type="checkbox"/> 6th	<input type="checkbox"/> 8th	

Grade (upcoming school year)

Home Address _____ City _____ Zip _____

<input type="checkbox"/> Male	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Multi-Racial	Baptized <input type="checkbox"/> Yes (location below) <input type="checkbox"/> No	
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White		
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic	First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	
			First Reconciliation <input type="checkbox"/> Yes <input type="checkbox"/> No	

School/Daycare Last Attended Address _____

City _____ Zip _____ Reason for the Transfer _____

My child has an IEP, Service Plan or receives separate specialized services at current school. Yes (describe below) No

My child has physical, medical or other restrictive conditions (including allergies). Yes (describe below) No

Parent/Legal Guardian Information

Primary Contact Last Name _____ First Name _____ Relationship to Student _____ Yes No Student Lives with Me

Address (complete if different than student) _____ City _____ Zip _____

Email _____ Cell # _____

Occupation/Business _____ Work # _____

<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	Registered Parish Member of: <input type="checkbox"/> Christ King <input type="checkbox"/> Saint Bernard <input type="checkbox"/> Not Registered
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Parent/Legal Guardian Information

Secondary Contact Last Name	First Name	Relationship to Student	<input type="checkbox"/> Yes <input type="checkbox"/> No Student Lives with Me
Address (complete if different than student)		City	Zip
Email		Cell #	
Occupation/Business		Work #	

Catholic Non-Catholic Registered Parish Member of: Christ King Saint Bernard Not Registered

Emergency Contact Information

Last Name	First Name	Relationship to Student	Phone #
Last Name	First Name	Relationship to Student	Phone #

Why Christ King Parish School

Check top 2 reasons for choosing our school Catholic identity Academics Price Location Current parishioner Community Faculty Other _____

Where did you first hear about Christ King Parish School?

Form, requested documents, and check should be mailed or dropped to the school office.

Note: Form and documents can also be emailed to sheehanj@christkingschool.org. Check will still need to be mailed or dropped to the school office.

Tuition and Fee Information

- Registered members of Christ King and Saint Bernard Parishes receive a discounted rate.
- Tuition amounts will be finalized in May, 2024.
- All tuition is paid through Blackbaud Tuition Management. Scan the QR code to see enrollment instructions.
- A \$350.00 non-refundable registration fee per student is due at the time of registration to secure a place at Christ King School (checks payable to Christ King School).



Blackbaud
Enrollment
Instructions

For Office Use Only:

Paid Date: _____ Check # _____ Cash Amount _____ Received By _____

After School Care

- Cavalier Club is available for students in grades K4-8, Monday through Friday, from the end of school to 6:00 pm. (School ends at 2:00 pm on Wednesdays and 3:00 pm all other days.)
- Currently, there is a \$50 registration fee and a daily cost \$30/day per student, no matter how long your student attends. The registration fee and daily cost is billed through Blackbaud Tuition Management and subject to change for the 2024/25 school year.
- Registration will open in spring, 2024.