

2026/27 CHRIST KING PARISH SCHOOL REGISTRATION

Complete one form per child - must be accompanied by copies of the baptismal certificate and proof of DOB as well as the registration fee. Forms and registration fee should be returned to the school office (2646 N. Swan Blvd., Wauwatosa, WI, 53226 – 414.258.4160), or sheehanj@christkingschool.org. If emailed, please still return the check to the school office.

____ / ____ /
Todays' Date

Student Information

Last Name _____ First Name _____ Date of Birth _____

Home Address _____ City _____ Zip _____

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

Grade (upcoming school year)

| | | | | | |
|--|--|--|----------------------|---|-----------------------------|
| <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 | First Communion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Not Hispanic/ Latino | <input type="checkbox"/> Catholic | <input type="checkbox"/> Non-Catholic | 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

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?

Parent/Legal Guardian Information

| | | | |
|---|------------|--|---|
| Primary 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 # | |
| <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic | | <input type="checkbox"/> Registered Parishioner of Christ King <input type="checkbox"/> Not Registered | |

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 # | |
| <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic | | <input type="checkbox"/> Registered Parishioner of Christ King <input type="checkbox"/> Not Registered | |

Emergency Contact Information

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

Tuition and Fee Information

A non-refundable fee per student is due at the time of registration to secure placement at Christ King School. Fees will follow the below schedule based on when paperwork is submitted.

- By February 15, 2026: \$225
- By June 5, 2026: \$300
- On or after June 6, 2026: \$375

Class assignments will not be confirmed until registration paperwork and fee is submitted.

All tuition is paid through Blackbaud Tuition Management. Blackbaud enrollment details will be sent after registration confirmation.

For Office Use Only:

| | | | | |
|-------------------------------|-------|---------|-------------|-------------|
| <input type="checkbox"/> Paid | Date: | Check # | Cash Amount | Received By |
|-------------------------------|-------|---------|-------------|-------------|