



## Christ King Parish School Registration

Please bring a copy of your child's birth certificate, baptismal certificate, and immunization record. If you have more than one child to enroll at Christ King School, please complete a separate form.

### Child's Information

- K3** T/TH Morning
- K3** T/TH Full Day
- K3** M/W/F Morning
- K3** M/W/F All Day
- K3** M-F Morning
- K3** M-F Full Day
- K4** M-F All-Day
- K4** T/TH Morning
- K4** M/W/F Morning
- K4** M-F Morning

Date: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_  
Last, First, Middle

Preferred First Name/Nick-Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City/State

Child's Gender: Male Female

Race:  American Indian  Asian  African American  Caucasian/white  Multi-racial  Native Hawaiian/Pacific Islander  Other

Ethnicity: Hispanic Non-Hispanic

Child's Religion: \_\_\_\_\_

Yes, my child was Baptized: \_\_\_\_\_  
Parish Name/City/State

No, My child was not Baptized

Yes, my child has celebrated 1<sup>st</sup> Communion

Yes, my child has celebrated 1<sup>st</sup> Reconciliation

School/Daycare Last Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

List Names and Ages of ALL children in your family (oldest first): \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP), Service Plan or receive separate specialized services at his/her current school?      Yes      No

Please identify any physical, medical or other restrictive conditions of your child:

Child Resides With:

Birth Parents      Single Parent      Blended Family      Adoptive Parents

Other: \_\_\_\_\_

### Parent/Legal Guardian Information

Are you a registered member of Christ King Parish?      Yes      No

Registration Year: \_\_\_\_\_ Envelope #: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Last Name, First Name      Last Name, First Name

Maiden Name: \_\_\_\_\_

Parent 1 / Father

Parent 2 / Mother

Occupation:	Occupation:
Place of Work:	Place of Work:
Work Phone:	Work Phone:
Religion:	Religion:

**Parent 1** Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

**Parent 2** Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

**Parent 3** Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

**Parent 4** Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

## **Emergency Contact**

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (c): \_\_\_\_\_

**Child Care Information Requested: (check all that apply)**

- I/We do not need child-care on a daily basis.
- I/We are uncertain at this time if I/we would use child-care at Christ King School.
- I/We plan on using child-care on a regular basis at Christ King.  
Please indicate times and days (if known):

<b>Child's Name</b>	<b>Grade</b>	<b>Cavalier Club</b> (3-6pm) <b>Kindergarten Care</b> (11am-3pm)	<b>Times/Days of Week</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**There is a \$325 registration fee for securing a spot for each child at Christ King School. This is a non-refundable deposit. (checks payable to Christ King School)**

**Forms/Certificates Presented: (check those received)**       Baptism       Birth

\_\_\_\_\_ *For Office Use Only* \_\_\_\_\_

**Registration Fee**

Paid:  Yes

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Cash Amount: \_\_\_\_\_

Received By: \_\_\_\_\_