

**THE PARISH OF CHRIST THE KING FAITH FORMATION  
REGISTRATION 2016-2017 Families should be registered in the  
parish**

NAME \_\_\_\_\_ **Grade** \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
City State

Has your child been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ in a Catholic Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

City and State of Church: \_\_\_\_\_

Date (If known): \_\_\_\_\_

Has your child received First Reconciliation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has your child received First Communion?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Years of formal faith formation (Catholic School/or Parish Faith Formation) \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip

HOME PHONE NUMBER: \_\_\_\_\_

**Email address:** \_\_\_\_\_  
**(This will be a primary way to communicate with you! **Please Print Neatly**)**

Mother's Full Name: \_\_\_\_\_ Religion \_\_\_\_\_ cell# \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Religion \_\_\_\_\_ cell# \_\_\_\_\_

**Does your child have any special needs?** No \_\_\_\_\_ Yes \_\_\_\_\_ (Please describe on reverse side)

**Section II – Only for children in Shared Custodial Situation:**

Child lives with: Both parents Mother Father

Parents are: Divorced Separated Widowed Single

Do both parents have legal access to this child, custody agreement? \_\_\_\_\_ Explain briefly if custody is evenly shared or other arrangement: \_\_\_\_\_

If parents are divorced or separated a copy of the custody agreement pertaining to the faith formation of the child (if one exists) should be kept on file in the Faith Formation office.

**Please check those areas in which you can help:** (Annual Family Fee Waived For Teacher/Classroom Aide)  
\_\_\_\_\_ Classroom teacher \_\_\_\_\_ classroom aide \_\_\_\_\_ substitute \_\_\_\_\_ help at special occasions

**Registration fees is \$50 dollars for family.** (No one is denied participation because of the inability to pay.)  
**(Please add a \$15 gown rental fee for Confirmation Students only)**

**Make checks payable to: The Parish of Christ the King Faith Formation**

Check # \_\_\_\_\_ Cash \_\_\_\_\_ I have another child in the grade 1-9 program \_\_\_\_\_

\_\_\_\_\_ Yes, my child's Baptismal certificate is enclosed. **(If this is the first time registering in the Faith Formation Program)**

My child was baptized at Christ the King (no certificate required)

**Medical Information Form**

Grade \_\_\_\_\_ Food Allergy Y / N

Child's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Allergies \_\_\_\_\_

Chronic or Acute Illnesses \_\_\_\_\_

Medication presently being taken \_\_\_\_\_

Special Needs \_\_\_\_\_

Other facts we should know \_\_\_\_\_

Physician's Name \_\_\_\_\_

Does your child have a medical condition that limits him/her in participating in any of the activities at the Faith Formation Program?

YES \_\_\_ NO \_\_\_ Explain \_\_\_\_\_

If I cannot be reached please contact: \_\_\_\_\_  
Name Phone Number

**AUTHORIZATION TO ENROLL IN FAITH FORMATION**

I authorize the enrollment of my child in the Faith Formation program at the Parish of Christ the King.

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature \_\_\_\_\_

**AUTHORIZATION TO PROVIDE MEDICAL SERVICES AND RELEASE**

I authorize the Parish authorities to send my child, properly accompanied, to an available hospital or doctor, and I authorize the treatment of my minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me, the parent or guardian. If you or your doctor cannot be reached in an emergency and if in the judgment of the parish authorities' immediate medical and or hospital attention is required.

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature \_\_\_\_\_

**AUTHORIZATION TO TAKE, RELEASE AND PUBLISH PHOTOGRAPHS**



I authorize the staff of the Parish of Christ the King to photograph, publish and post photographs of my child engaged in normal parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of children's activities in newsletters, bulletins and other parish publication. Last names will not be included with photos.

Yes \_\_\_\_\_ No \_\_\_\_\_ Signature \_\_\_\_\_

I acknowledge that all of the information provided is true and correct and will only be disclosed to the catechists, volunteers, or other adult supervisors when needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE INITIAL  
BELOW:**

I am aware that the Parish of Christ the King Faith Formation handbook is available online. \_\_\_ YES \_\_\_ NO