

**THE PARISH OF CHRIST THE KING FAITH FORMATION
REGISTRATION 2017/2018 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: _____

Please print neatly (This will be a primary way to communicate with you!)

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 – For Children in Shared Custodial Situation:

Child lives with: Both parents Mother Father

Parents are: Married 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 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 \$20 gown rental/retreat fee for First Communion & 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.

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 there is a copy of the Parish of Christ the King Faith Formation handbook on the parish website. _____ YES _____ NO