CHRIST THE KING STUDENT REGISTRATION FORM

Date:_____

Religion: ❒ Catholic: Parish of attendance: _____

❒ Other Faith Tradition

Preschool: ____ 3yr Old Program ____ 4yr Old Program

_____ MTWTF All Day _____ MTWTF AM Only

_____ MWF All Day _____ MWF AM Only

Kindergarten – 8th: Grade Entering for 2025-26 _____

Last Name: _____ **First Name:** _____

Middle Name: _____ **Known at school as:** _____

Child's Race: (For Federal statistical purposes only) American Indian or Alaska Native
Asian Black or African American Hawaiian or other Pacific Islander White

Child's Ethnicity: (For Federal statistical purposes only) Latino Hispanic Non-Latino or Hispanic

Gender: M F **Date of Birth:** _____ **Age**: _____ **City/State of Birth:** _____

Child's religion: _____ **Date of Baptism** _____ **Name of Church:** _____

Sacraments received: _____Reconciliation _____First Communion _____Confirmation

Address of church: _____

Home Address: _____**City:** _____**State:** _____ **Zip:** _____

Home Phone Number: _____ **School District You Live In:** _____

Name and Address of School last attended (Gr. 1-8 only):_____

Primary email address:

Parent Signature: _____ **Date**: _____

(PLEASE TURN OVER AND FILL OUT PARENTAL INFORMATION)

Parent/Guardian One Information

Title _____ First Name _____ Last Name _____

Home Phone Number _____ Cell Phone: _____

Home Address _____City _____State _____ Zip _____

E-mail Address:

City/State of birth _____Religion _____

Employer: _____ Business Phone: (_____) _____

Parent/Guardian Two Information

Title _____ First Name _____ Last Name _____

Home Phone Number _____ Cell Phone: _____

Home Address _____City _____State _____ Zip _____

E-mail Address:

City/State of birth _____Religion _____

Employer: _____ Business Phone: (_____) _____

Parent/Guardian who should be contacted <u>first</u> if school needs to call regarding the student:

Name: _____