

Fee: \$40

CHRIST THE KING SCHOOL
1920 Barberry Drive
Springfield, IL 62704

Paid: cash _____ check _____

Registration Form for Parish School of Religion Classes 2018-2019

Member of CTK Parish (Receiving envelopes) Yes _____ No _____

Father's Name _____ Religion _____

Mother's Name _____ Maiden _____ Religion _____

Address _____ Home phone _____
Street City Zip

E-mail address _____

Father's work number _____ Father's cell _____

Mother's work number _____ Mother's cell _____

Emergency Name _____ Emergency Number _____

Name of Physician _____ Physician's Number _____

1. Grade Entering _____ Child's Name _____ Gender: M F

Child's Date of birth _____ Place of Birth _____
City State

School Child is now attending _____

Child's Baptism _____
Date Church City State

Child's First Communion _____
Date Church City State

2. Grade Entering _____ Child's Name _____ Gender: M F

Child's Date of birth _____ Place of Birth _____
City State

School Child is now attending _____

Child's Baptism _____
Date Church City State

Child's First Communion _____
Date Church City State

3. Grade Entering _____ Child's Name _____ Gender: M F

Child's Date of birth _____ Place of Birth _____
City State

School Child is now attending _____

Child's Baptism _____
Date Church City State

Child's First Communion _____
Date Church City State

*Parent Signature _____ Date _____

Please list child's name and any allergies or medical conditions that we need to be aware of:

