



Christ the King School Registration (PK-8)

Date: _____

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

Preschool Registration

_____ Three year old program

_____ Four year old program

_____ MTWTF All Day

_____ MWF All Day

_____ MTWTF AM Only

_____ MWF AM Only

K-8 Registration: Grade Entering for 2022-23: _____

Last Name: _____ First Name: _____

Middle: _____ 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): _____

Family email address:

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Parent Signature _____ Date _____

(PLEASE TURN OVER AND FILL OUT PARENTAL INFORMATION)

Parent One Information

Last Name _____ First Name _____ Maiden Name (if applicable) _____

Home Phone Number _____ Cell Phone: _____

Home Address _____ City _____ State _____ Zip _____

E-mail Address:

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City/State of birth _____ Religion _____

Employer: _____ Business Phone: (____) _____

Parent Two Information

Last Name _____ First Name _____ Maiden Name (if applicable) _____

Home Phone Number _____ Cell Phone: _____

Home Address _____ City _____ State _____ Zip _____

E-mail Address:

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City/State of birth _____ Religion _____

Employer: _____ Business Phone: (____) _____

For Office Use Only

_____ Preschool Registration Fee

_____ K-8 General Service fee

Physical:

_____ Health

_____ Immunization Record

Forms

_____ Parent Approval Form