

Fee: \$40

**CHRIST THE KING SCHOOL**  
1920 Barberry Drive  
Springfield, IL 62704

Paid: cash \_\_\_\_\_ check \_\_\_\_\_

**Registration Form for Parish School of Religion Classes 2022-23**

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:

\_\_\_\_\_  
\_\_\_\_\_