

CHRIST THE KING ROMAN CATHOLIC CHURCH

5006 EAST WONDER LAKE ROAD, WONDER LAKE 60097

PHONE: 815-653-2581 FAX: 815-653-9401

RELIGIOUS EDUCATION SCHOOL YEAR 2011-2012

STUDENT REGISTRATION FORM

Family Last Name:			
Father's Full Name:			
Mother's Full Name:		Maiden Name:	
Street Address:			
City/State/Zip			
Home Phone:		Cell Phone:	
Parent Email Address			
Are you members of Christ the King Parish?		If no, where:	
Does this child live with both parents?		Yes _____	No _____
If no, which parent does he/she live with?			
Are there custody arrangements that we need to know?		Yes _____	No _____
EMERGENCY CONTACT PERSON # 1			
EMERGENCY PHONE # 1			
EMERGENCY CONTACT PERSON # 2			
EMERGENCY PHONE # 2			
1st Student Name	Birth Date	Grade Entering for RE	School
		P K 1 2 3 4 5 6 7 8 9 10 11 12	
PLACE/DATE SACRAMENTS RECEIVED			
Baptism	1 st Confession	1 st Holy Communion	Confirmation
Has this student attended Religious Education classes before?		Yes _____	No _____ Where?
SPECIAL CONCERNS/IMPORTANT MEDICAL INFO/ALLERGIES/DISABILITIES/DISORDERS			
Please list here:			
2nd Student Name	Birth Date	Grade Entering for RE	School
		P K 1 2 3 4 5 6 7 8 9 10 11 12	
PLACE/DATE SACRAMENTS RECEIVED			
Baptism	1 st Confession	1 st Holy Communion	Confirmation
Has this student attended Religious Education classes before?		Yes _____	No _____ Where?
SPECIAL CONCERNS/IMPORTANT MEDICAL INFO/ALLERGIES/DISABILITIES/DISORDERS			
Please list here:			
All R.E. families are must be registered members with the Parish and should attend Mass every Sunday and all Holy Days. These are basic responsibilities for every Catholic Family as we live out our Catholic Faith. Students are to dress with modesty, purity and chastity in mind. T-shirts will be supplied for those not properly covered.			

**CHRIST THE KING
ROMAN CATHOLIC CHURCH
PERMISSION FORM**

1. Consent: I grant my permission for my child(ren)

A. Name of child _____

B. Name of child _____

to attend and participate in any Parish Religious Education Sponsored Activity which include special outings and field trips for which they are present.

2. Student Cooperation: My child(ren) agree(s) to abide by all the rules of aforementioned School and/or Parish and to obey all staff in charge of this Activity. The School/Parish will not be liable for my child(ren)'s failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child(ren) from the Activity at my expense and without refund to me of the costs paid for the Activity.

3. First-Aid/Emergency Treatment: I authorize the School/Parish and its employees and volunteers to administer first-aid to my child if the School/Parish deems it necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the School/Parish to contact and engage medical personnel and arrange for emergency treatment of my child(ren), including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child(ren). I agree that I am financially responsible for such medical treatment.

4. Release: I hereby release and discharge The Diocese of Rockford and its Bishop, and the School/Parish, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child(ren) may suffer while my child(ren) is(are) attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the School, the Parish, or its employees.

5. Photographs: I authorize the use of photographs of my child(ren) during the Activity to be published in the local newspapers, the Diocesan *Observer*, the Parish bulletin, or in the Religious Education hallway or other memorabilia for the Religious Education department.

Date

Parent/Guardian's Signature

Printed Name

VOLUNTEER OPPORTUNITIES

IF YOU HEAR OUR LORD CALLING YOU TO HELP YOUR PARISH COMMUNITY, PLEASE CONSIDER THE FOLLOWING MINISTRIES AND VOLUNTEER POSITIONS: CIRCLE ANY THAT INTEREST YOU. PLACE YOUR NAME BELOW THE POSITION FOR WHICH YOU HAVE AN INTEREST. WE WILL TRAIN YOU. STUDENTS: FATHER WILL LET YOU KNOW WHEN YOU ARE AGE APPROPRIATE.

STUDENTS	ALTAR SERVERS	CHOIR	READERS
	1 ST SUNDAY NURSING HOME VISITS	ARCHERY GUILD	
PARENTS	TEACHER	TEACHER'S AIDE	HALL MONITOR
	SUBSTITUTE TEACHER	ATTENDANCE KEEPER	YOUTH MINISTRY
	SPECIAL EVENTS COORDINATORS		
MINISTRIES	BEREAVEMENT	CHOIR	DOOR-TO-DOOR
FINANCE COUNCIL	KNIGHTS OF COLUMBUS	LEGION OF MARY	CHARISMATIC PRAYER
MEALS ON WHEELS	PADS	PARISH COUNCIL	RESPECT LIFE
ST. VINCENT DE PAUL	SOC. IMM. HEART/MARY	SUNDAY SOCIALS	WELCOME COMM.

RELIGIOUS EDUCATION FEES

1 STUDENT: \$65	2 STUDENTS: \$90	3 OR MORE: \$130	SUBTOTAL: _____
COMMUNION FEE: \$20	CONFIRMATION FEE: \$25	CTK T-SHIRT \$10 EACH	SUBTOTAL: _____
CIRCLE ALL THAT APPLY ALONG WITH AGES FOR EACH UNDERNEATH YOUTH SIZE: SM. MED. LG. XL -OR- ADULT SIZE SM. MED. LG. XL, XXL			SUBTOTAL: _____
PAID BY:	CHECK #: _____	CASH	BALANCE: _____
PAID BY:	CHECK #: _____	CASH	BALANCE: _____