

**For Office Use Only:** Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Ck # \_\_\_\_\_

Initial: \_\_\_\_\_

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**Religious Education Registration Form**  
**Returning Student**  
**2018 - 2019**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (cell) number : \_\_\_\_\_

**Below are the children I am reregistering**  
**for the 2018- 2019 Religious Education Year:**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male\_\_\_ Female\_\_\_ Registering for Religious Education Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male\_\_\_ Female\_\_\_ Registering for Religious Education Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male\_\_\_ Female\_\_\_ Registering for Religious Education Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male\_\_\_ Female\_\_\_ Registering for Religious Education Grade: \_\_\_\_\_

**\*\*Please complete a NEW REGISTRATION FORM for any new children to the program.\*\***

**We will be using email notification**

**Parent/ guardian's EMAIL Address:** \_\_\_\_\_

**Religious Education Fees:**  
\$65.00 per child (Grades 1-8)  
\$80.00 (grade 9)  
Max = \$165.00 per family

**Please Mail to:**  
Office of Religious Education  
Christ the King  
581 Silas Dene Hwy.  
Wethersfield, CT 06109