

Christ the King Religious Education
NEW STUDENT REGISTRATION FORM
2019- 2020

Student's Name: _____ Date of Birth: _____
Male ___ Female ___ Registering for CCD Grade: _____

Last Religious Education Grade completed: _____

Location(church): _____ City, State: _____

School attending Fall of 2019: _____ School Grade: _____

Does this child have any learning disabilities that we should be aware of? (Ex.: hearing problem, poor reader, attends special classes at school, attention deficiency, etc.)

please specify: _____

SACRAMENT INFORMATION - please supply copies of certificates for sacraments **NOT** received at Corpus Christi / Sacred Heart / St. Luke.

Baptism: Location: _____ Date: ____/____/____
Town, State: _____

Communion: Location: _____ Date: ____/____/____
Town, State: _____

Is your family registered with Christ the King Parish? _____

FAMILY INFORMATION

Some of the following information is very personal. We ask your cooperation in supplying this information for parish records, and to assist us in providing our students with the care and understanding that they deserve. *This information will be kept confidential.*

Father's name: _____ Religion: _____

Mother's **first & maiden name**: _____ Religion: _____

Religious Education correspondence will be addressed to the child's parent/s or legal guardian. Please write how you would like the mailing label to read:

Name: _____ Relation to child: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ second (cell) number : _____

Household has: ____2 parents ____single parent ____other
(if necessary, please explain-i.e.: step-parent, divorce, widowed, etc.)

Parent/ guardian's EMAIL Address: _____

Religious Education Fees:
\$65.00 per child (Grades 1-8)
\$80.00 Confirmation Preparation – (Year 1 & 2)
\$165.00- 3 children or more

Please mail registration form to:
Office of Religious Education
Christ the King Parish
581 Silas Deane Hwy., Wethersfield, CT 06109

