

For Office Use Only: Date: _____ Amount: _____ Ck # _____

Initial: _____

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**Religious Education Registration Form**  
**Returning Student**  
**2019 - 2020**

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

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

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

**Below are the children I am reregistering**  
**for the 2019- 2020 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: \_\_\_\_\_

Checks made payable to: ***Christ the King Parish***

**Religious Education Fees:**

\$65.00 per child (Grades 1-8)  
\$80.00 (Year 1 & 2 Confirmation Preparation)  
Max = \$165.00 per family

**Please Mail to:**

Office of Religious Education  
Christ the King Parish  
581 Silas Deane Hwy.  
Wethersfield, CT 06109