

Christ the King Parish

Religious Education/ Youth Ministry

REGISTRATION

2009-2010

Student's Name: _____ DOB ___/___/___

Age _____ Grade _____ School _____

Sacraments received: Baptism Y/N Reconciliation Y/N Eucharist Y/N Confirmation Y/N

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Student's Name: _____ DOB ___/___/___

Age _____ Grade _____ School _____

Sacraments received: Baptism Y/N Reconciliation Y/N Eucharist Y/N Confirmation Y/N

Mother's Name: _____

Contact Information:

Email: _____ Phone: _____

Street _____

City _____ Zip _____

Catholic? ___ yes ___ no

In what ways are you able to assist your child(ren)'s class? Teach ___ hospitality ___
adult presence ___ advisory council ___ chaperone ___ special projects _____

Other _____

Father's Name: _____

Contact Information:

Email: _____ Phone: _____

Street _____

City _____ Zip _____

Catholic? ___ yes ___ no

In what ways are you able to assist your child(ren)'s class? Teach ___ hospitality ___
adult presence ___ advisory council ___ chaperone ___ special projects _____

Other _____

***SUGGESTED MATERIALS/REGISTRATION FEE:**

\$25.00 per child

PAID: ___ Cash ___ Check# _____ Scholarship Y/N

*Every child is welcome regardless of ability to pay.

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