

CHRIST THE KING PARISH RELIGIOUS EDUCATION REGISTRATION

Family Name:	Father's Name:	Mother's Name: (First and Maiden)
Address:	City, Zip:	Home Phone:
Emergency Contact:	Relationship to Child:	Phone Number: (for emergency contact)
Family E-mail:	Father's Work Phone:	Mother's Work Phone:

Please Circle Preferred Attendance Time: Sunday Mornings - 8:45-9:45 AM
Wednesday Evenings – 6:30-7:45 PM

While we will do our best to accommodate your preferred time, class size is limited. Placing students will be on a "first come first serve" basis. We are sorry for any inconvenience.

Name of Student <small>(with last name if different from parent)</small>	Gender F/M	Date of Birth	Grade Level	Name of School Student Attends	Baptism* Yes/No <small>Parish Name</small>	Confession Yes/No <small>Parish Name</small>	Communion Yes/No <small>Parish Name</small>	Confirmation Yes/No <small>Parish Name</small>

**If not baptized here at Christ the King Parish, please provide us with a copy of the Baptismal Record*

If any of your children have special needs, allergies, medications to be taken during class times, or if there is anything we need to know to make your children more comfortable during our time together, please list that child's name here and the circumstance.

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Important! Please read all information, initial in spaces provided then sign at the bottom of the form.

- I grant permission for the administration of first aid to the children as listed on this registration form by the staff and volunteers of Christ the King and those transporting my children to and from program as their judgment deems advisable. I also grant permission to make the necessary referrals to a qualified physician for the treatment of illness or injury of a more serious nature. I understand that I will be promptly notified in the event of any major surgery, except when delay in such communication would endanger the life of my child. In case of medical emergency, I understand that every effort will be made to contact me as the parent or guardian of the child. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child. Please list any medication your child is allergic to: _____

Initial Here _____

- **Photo Release:**

I give permission to Christ the King Parish Religious Education administrators and educators to use my child(ren)'s pictures in the parish bulletin, parish website, or in local newspaper articles to support and help promote our program.

Initial Here _____

- **Participation:**

Regular Mass attendance is expected of all families. Participation in the Family Mass, Intergenerational programs, Family Service Opportunities, Days of Reflection, and are all part of our Religious Education curriculum and as such, students and parents are invited and encouraged to participate in these events as listed on your RE Calendar for the year. For the Family Mass, families will be given the necessary materials to prepare for the Mass.

Initial Here _____

- I have read the Standards of Behavior for Working with Minors (if you need another copy please let us know, and we will provide you with one). I have received the Parent Guide. I have also read the policies and class schedules received with this registration packet including the Diocese of Joliet Faith Formation Curriculum Guide. My child(ren) and I will comply with the policies, especially bringing them to weekly Mass, and reasonable requests of the Religious Education program of Christ the King Parish in Lombard, Illinois.

Parent's (or Guardian's) Signature: _____ Date: _____

CHRIST THE KING PARISH RELIGIOUS EDUCATION REGISTRATION

Tuition and Fees

The cost for a family with 1 child in Religious Education is:	\$200.00
The cost for a family with 2 children in Religious Education is:	\$250.00
The cost for a family with 3 or more children in Religious Education is:	\$290.00
Supply Fee for Grades 2 and 8	\$50.00

We still offer the MANNA Program which, when used on a regular basis, can cover the cost of your children's Religious Education. (A sample MANNA form can be found on our website, or call the office for more information).

For those who need financial assistance with tuition payments, please make an appointment to speak with Fr. Jeff (630-396-6079).

For Office Use Only:

Date Received: _____ By: _____

Tuition Amount: _____ Fees: _____ Amount Due: _____

Catechist/Co-Catechist Discount: _____

Other Credit: _____

Date: _____ Amount Paid: _____ Payment Type: _____ Balance Due: _____

Date: _____ Amount Paid: _____ Payment Type: _____ Balance Due: _____

Date: _____ Amount Paid: _____ Payment Type: _____ Balance Due: _____

Date: _____ Amount Paid: _____ Payment Type: _____ Balance Due: _____