

Christ The King Religious Education Family Registration Form

Please Print all Information Clearly

CHILD'S INFORMATION – Please enter information for all children entering grades K - 9. Enter years for any sacraments already received.

<u>Last Name</u>	<u>First Name</u>	<u>Grade</u>	<u>Birth Date</u>	<u>Baptism Date</u>	<u>Recon. Date</u>	<u>Euch. Date</u>	<u>Conf. Date</u>

FAMILY INFORMATION

FATHER

First / Last	Home Address
Email Address	Home / Cell Phone
Religion	Parish or Church Attending

Baptized? ___ Recon? ___ Euch? ___ Confirmed? ___
Please write Y or N if parent received each sacrament

MOTHER

First / Last	Home Address
Email Address	Home / Cell Phone
Religion	Parish or Church Attending

Baptized? ___ Recon? ___ Euch? ___ Confirmed? ___
Please write Y or N if parent received each sacrament

FAMILY INFORMATION continued

Children live with: Both Parents_____ Mother_____ Father_____ Other_____

Legal Custody with: _____(The church must have copies of court documents if there are any custody issues or if the child cannot be released to a non-custodial parent.)

School District attended by students: _____

Please list other adults who may be contacted in an emergency if parents cannot be reached:

_____ Name	_____ Phone	_____ Relationship to Child
_____ Name	_____ Phone	_____ Relationship to Child

HEALTH HISTORY

Name of Physician or Clinic: _____ Phone Number: _____

Please complete the allergy information for your children, if applicable. You are encouraged to attach any additional information or instructions if necessary

<u>Child's Name</u>	<u>Allergic to...</u>	<u>Type of reaction when exposed</u>	<u>First aid to be administered for reaction</u>	<u>Other notes or information</u>

Are any of your children currently taking any prescription medications? Yes _____ No _____

If yes, please list: _____

Please explain any special health concerns that the school should be aware of.