

**Christ the King Parish**  
**Religious Formation Registration 2017-2018**  
**High School Discipleship: 9<sup>th</sup>-12<sup>th</sup> Grades**

Fees: 1 child/ Teen: \$40      2 Teens/Children: \$55      3 or more Teen/Children: \$70  
 May pay in three installments (installments due on October 15, November 15, and December 15)  
 Cost is for total number of students per family in all programs, Elementary – High School

**Parent/Guardian**

\_\_\_\_\_ Last    First    Relationship to Teen    Catholic? (Yes or no)

\_\_\_\_\_ Preferred Phone (circle: cell home)                          Other Phone (circle: cell home)                          Email

\_\_\_\_\_ Address    City/State    Zip

**Second Parent/Guardian**                          *Does this contact also wish to receive information?(Yes/No)*

\_\_\_\_\_ Last    First    Relationship to Teen    Catholic? (Yes or no)

\_\_\_\_\_ Preferred Phone (circle: cell home)                          Other Phone (circle: cell home)                          Email

\_\_\_\_\_ Address    City/State    Zip

**Information on High School Youth (Fall of 2017 to Spring 2018)**

**\*NOTE\* Teen's Cell is requested to send texts to invite Youth to upcoming events.  
 Parents can also be texted details as well. Do you also wish to receive texts? \_\_\_\_\_ (yes/no)**

(1) Teen Name \_\_\_\_\_ Gender \_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

High School \_\_\_\_\_ Teen's Cell \_\_\_\_\_

Circle Sacraments *already* received:                          Baptism          Eucharist          Reconciliation          Confirmation

-----

(2) Teen Name \_\_\_\_\_ Gender \_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

High School \_\_\_\_\_ Teen's Cell \_\_\_\_\_

Circle Sacraments *already* received:                          Baptism          Eucharist          Reconciliation          Confirmation

-----

(3) Teen Name \_\_\_\_\_ Gender \_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

High School \_\_\_\_\_ Teen's Cell \_\_\_\_\_

Circle Sacraments *already* received:                          Baptism          Eucharist          Reconciliation          Confirmation

*see back* →

Please list any food allergies, medical conditions, or learning disabilities our formation team should be made aware of:

Teen's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Allergy/Condition \_\_\_\_\_

Teen's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Allergy/Condition \_\_\_\_\_

Teen's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Allergy/Condition \_\_\_\_\_

***Consent Form***

*Please put your initials in front of the statements and sign below for consent.*

\_\_\_\_ In the event of a medical emergency, if I cannot be contacted, I give my consent for emergency medical treatment to be administered to any or all of the children named on this registration form.

\_\_\_\_ I give my permission for me and the members of my family to be photographed and for these photos to be displayed at Christ the King Website, Social Media, and in Religious Formation publicity and promotion.

Signature of Parent/Legal Guardian: \_\_\_\_\_ date: \_\_\_\_\_

*For administrative use only*

Paid in Full \$ \_\_\_\_\_ on date \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_

Payment Plan \$ \_\_\_\_\_ on date \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_

\$ \_\_\_\_\_ on date \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_

\$ \_\_\_\_\_ on date \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_