



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

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

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***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, Social Media, Website 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 # \_\_\_\_\_