



**Family Information**

Child lives with. (circle one) Both Mother & Father, Mother only, Father only, other \_\_\_\_\_  
Stepmother's Full Name \_\_\_\_\_ Stepfather's Full Name \_\_\_\_\_

Legal Guardian, if different than above:

Name: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
First Name, Last Name

Address: \_\_\_\_\_  
Street Town State Zip

**Health Information**

Does your child have learning needs? \_\_\_\_\_ Learning Disability-Classification: \_\_\_\_\_  
\_\_\_\_\_ Other – Please Explain: \_\_\_\_\_

If your child has any medical conditions, please explain: \_\_\_\_\_

Are there any other special instructions? (i.e. dismissal, transportation, etc.) \_\_\_\_\_

**Does your child/ren have permission to walk home without adult supervision?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any custodial issues? If yes, please explain: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a Custody order? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a current Restraining Order? Yes \_\_\_ No \_\_\_ If yes, is there a copy of either on file  
in the Religious Education Office? Yes \_\_\_ No \_\_\_ If not, will you please provide us with a copy?  
Yes \_\_\_ No \_\_\_

**Promotional Release**

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the parish. I understand that these materials are being used for promotion of the parish Religious Education programs and/or activities, which may include recruitment and fundraising efforts.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Religious Education Tuition**

**\$100.00 1<sup>st</sup> child**

**\$75.00 2<sup>nd</sup> child**

**\$25.00 for each additional child.**

**(Example – For 3 children tuition cost \$200.00)**

**REGISTRATION FEES ARE NON-REFUNDABLE**

**SACRAMENT FEE:**

***First Eucharist***

First year prep. for First Holy Communion is \$100 tuition; second year prep. your child will receive the First Eucharist the fee will be \$150.00 (\$100 for tuition and \$50.00 for Sacrament).

**Confirmation**

If your child will be entering the Confirmation Class for the first-year prep. tuition is \$100.00, if your child is entering the second-year prep. and will receive the sacrament of confirmation on 2021, the fee will be \$150 (\$100 for tuition, \$50 for the Sacrament).

Cash, check, or money order payable to **Christ the King Parish**

All registration forms and payments must be returned by **July 31, 2020**. We will not accept registration forms unless all information is filled out and the correct amount of fee is attached. IF NOT, WE WILL RETURN THE REGISTRATION PACKET TO YOU. PLEASE DO NOT LEAVE APPLICATIONS IN THE CHURCH OR HOLY TRINITY CHURCH MAILBOX OR GIVE THEM TO ANYONE TO BRING IN.

Parent or Guardian's

Signature \_\_\_\_\_ Dated \_\_\_\_\_

**Please circle what session you would your child to attend:**

**Sunday Session**

**2<sup>nd</sup>. year FHC prep. 8:30-9:45am (grades 6-8) only**

**1<sup>st</sup>. & 2<sup>nd</sup> year FHC 10 -11:15 am (grades 1-5)**

**Tuesday Session**

**1<sup>st</sup> & 2<sup>nd</sup> year FHC prep. 4:30-5:45 pm (Grades 1-5)**

**1<sup>ST</sup> & 2<sup>ND</sup> year FHC prep. 6-7:10 pm (grades 6-8)**

**Confirmation first year:**

**Third and fourth Sunday of the month**

**9:15 -11-15 am. Follow by 11:30 am. mass at Holy Trinity church.**

**Tuesday**

**Third & fourth Tuesday of the month**

**5:45-7:10 pm**

**Confirmation second year:**

**Group A: first Sunday of the month**

**Group B: second Sunday of the month**

**9:15 am – 11:15 am, follow by 11:30 Mass at Holy Trinity Church.**

**EMERGENCY CONTACT FORM**

Please print or type all information below. Thank you.

Student's Name \_\_\_\_\_  
Last First Middle

Parent/Guardian's Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Town State Zip

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached, or person or persons allowed to pick up your child/ren):**

A. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

C. Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Are there any health conditions of which we should be aware? If so, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you give permission to your child to walk home without an adult supervision? \_\_\_\_\_

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

Date \_\_\_\_\_