

Christ the King Church

Religious Education Registration Form

Family Name: _____ Phone: _____

Address: _____ E-mail _____

Students	Date of Birth	Grade (2006-2007)	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pre-school Children thru K

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RECORD OF SACRAMENTS

	Name of child	Church & Address	Dates
Baptism:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Communion:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Confirmation:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please inform us of any special circumstances you would like us to be aware of (anticipated change of address, child not living with both parents, learning disability or health problems).

PARENTAL INFORMATION

	Name	Address	Religion	Work or Cell Phone
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____

I (or we) will participate in the Program By:

- | | |
|---|---|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Teacher aid |
| <input type="checkbox"/> Substitute teaching | <input type="checkbox"/> Dismissal monitor |
| <input type="checkbox"/> Help co-ordinate service projects | <input type="checkbox"/> Assist with receptions |
| <input type="checkbox"/> Babysitting for teachers during class time | <input type="checkbox"/> Other |

REGISTRATION FEE: -- \$75.00

Checks payable to: Christ the King Church. Mail or deliver to:
 Louise Young Religious Education Office, 1 McCurdy Rd., Old Lyme, CT. 06371