Christ the King Church

Faith Formation Registration Form — K–10

Family Name:Address:						
						Students
RECORD (OF SACRAN	MENTS				
Baptism:	Name of chi	Name of child		Church & Address		
			-			
Communion	:					
Confirmatio	n:					
		ial circumstances you value disability or health		aware of (anticipate	ed change of address, child no	
PARENTA Father:	L INFORM. Name	ATION Address	Religion	Cell Phone	Email	
Mother:						
I (or we) will Catechi		the program as: Subst	titute **	Help coord	inate service projects	
	st aide**	Assist with r	1			
**Volunteers	will need to a	attend Safe Environm	ents session for ch	ild protection or c	complete on line training	

REGISTRATION FEE: --\$75.00 per family, AFTER Oct. 1st - \$100.00

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