CHRIST THE KING CATHEDRAL
CONTINUNING CATHOLIC EDUCATION
REGISTRATION FORM 2011-20121

DATE:_____

FAMILY LAST NAME:_____ HOME PHONE #_____

ADDRESS:_____
(Street Address City Zip Code)

CELL PHONE: Mother:_____Father:_____

EMAIL ADDRESS:_____

PARENTS: Father Mother

_____	_____
(Full Name)	**(Full Name; include maiden name)**
_____	_____
(Date, Place of Birth)	**(Date, Place of Birth)**
_____	_____
(Religion)	**(Religion)**
_____	_____
(Place of Employment Work #)	**(Place of Employment Work #)**

With whom does the child reside? **Parents_____ Father_____**
Mother_____ Grandparents_____

_____ _____
(Address, if other than above) **(Telephone)**

FAMILY REGISTERED IN THE PARISH? _____ _____
Yes No

ANY SPECIAL NEEDS: (health concerns, learning disabilities, physical disabilities, etc.)_____
_____
_____

SESSIONS: 3 yrs. Old through Grade 12 **CLASS TIME: 10:45 a.m. - 12:15 p.m.**

TUITION - $30.00 PER CHILD AMOUNT PAID $_____ DATE:_____

PLEASE CHECK (X) IF YOUR CHILD(REN) HAVE RECEIVED THE SACREMENTS

STUDENT NAME	GRADE	DOB	BAPTISM	PENANCE	EUCHARIST	CONFIRMATION