CHRIST THE KING CATHEDRAL
CONTINUNING CATHOLIC EDUCATION
REGISTRATION FORM 2008-2009

DATE:_____

FAMILY LAST NAME:_____ HOME PHONE #_____

ADDRESS:_____
(Street Address City Zip Code)

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: 11:00 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