

**2016-2017 CHRIST THE KING FAITH FORMATION/CONFIRMATION
FAMILY REGISTRATION FORM (GRADES 7/8/TEEN)**

Family Name : _____
Father's Name: _____ Mother's First & Maiden Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
May we send text message reminders to your cell phone? Y N Your child's cell phone? Y N
circle Y for Yes and N for No

E-Mail Address(es): _____
Second Household/Name (if applies): _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail Address: _____
Registered in CTK Parish? ___ Yes ___ No – If no, which Parish? _____
Emergency Contact Person: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____ E-Mail Address: _____
Special Medical Needs: _____

STUDENT INFORMATION

(1) FULL NAME: _____ Preferred Name: _____
E-Mail Address: _____ Cell Phone: _____
School Attending Fall 2016: _____ Grade Fall 2016: _____
Birth Date: _____ City where born: _____ State: _____
Baptized: ___ Yes ___ No Date: _____
Church: _____ City: _____ State: _____
Reconciliation: ___ Yes ___ No Date: _____
Church: _____ City: _____ State: _____
First Communion: ___ Yes ___ No Date: _____
Church: _____ City: _____ State: _____

(2) FULL NAME: _____ Preferred Name: _____
E-Mail Address: _____ Cell Phone: _____
School Attending Fall 2016: _____ Grade Fall 2016: _____
Birth Date: _____ City where born: _____ State: _____
Baptized: ___ Yes ___ No Date: _____
Church: _____ City: _____ State: _____
Reconciliation: ___ Yes ___ No Date: _____
Church: _____ City: _____ State: _____
First Communion: ___ Yes ___ No Date: _____
Church: _____ City: _____ State: _____

PLEASE ATTACH COPY OF BAPTISMAL CERTIFICATE!

\$75 PER STUDENT – Amount Paid \$ _____ : cash _____ check # _____ date _____