

**CHRIST THE KING RELIGIOUS EDUCATION
(3 Yr. Old, Pre-K, K and Grades 1-8)**

If you need a specific day for Religious Education (Monday, Tuesday or Wednesday), please know that enrollment is on a first-come, first-serve basis!

Step 1: Print and fill out the THREE (3) pages of the Religious Education Registration form. You must complete a copy of **Page 1 for EACH child** registering. Please do NOT run your package off back-to-back.

Step 1a: Bring a copy of your child/ren's Baptismal certificate(s) if they are NEW to Christ the King's R.E. Program. You must bring these forms with you at the time of Registration. **NO REGISTRATION WILL BE ACCEPTED WITHOUT A BAPTISMAL CERTIFICATE!**

Step 2: Please check at least one way you will volunteer to help in our Program.

Step 3: REGISTRATION DATES:

Tuesday, May 21 st	5:00-7:30 PM	Parish Hall
Wednesday, May 22 nd	5:00-7:30 PM	Parish Hall

Step 4: Upon coming to **Register**, turn in the completed Registration form(s), Baptism certificates (if needed) and payment. If paying by check, please make the checks out to "CTKRE." We are not able to accept credit/debit cards. The amounts are listed below:

Sunday Program (per child)→ \$ 50.00

1 child for Gr. 1-8→ \$110.00

2 children for Gr. 1-8→ \$180.00

3 or more for Gr. 1-8→ \$240.00

Sacrament Fee *per child* receiving Eucharist→ \$ 75.00

Snacks Fee (Gr. 1-5 and Older Sacs Gr. 3-8) per child→ \$ 20.00

**Please make a separate check for Snack Fee.*

Step 5: If this is your child's **FIRST YEAR OF RELIGIOUS EDUCATION** and they are in the **2nd Grade or older**, please indicate this information at the time of Registration.

Step 6: If you wish to have your child Baptized, please let us know at the time of registering your child.

No NEW registration form will be accepted without a copy of the child's Baptismal certificate!

CHRIST THE KING



RELIGIOUS EDUCATION

REGISTRATION 2019-2020
3 YEAR OLD, PRE-K, K AND GRADES 1- 8

For Office Use Only:
Grade/Day: _____
Sac Needed: _____

Please Print CLEARLY

FAMILY NAME: _____ Family E-Mail Address: _____
To Receive Correspondence

MAILING ADDRESS: _____
Street City State Zip Code

FATHER: _____ CELL#: _____ OCCUPATION: _____

MOTHER: _____ CELL#: _____ OCCUPATION: _____

MOTHER'S MAIDEN NAME: _____

You must fill out ONE form for each child.

CHILD NAME: _____ M _____ or F _____
First Middle Last

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

GRADE ENTERING 9/2019-2020 : _____ SCHOOL: _____

IS THIS YOUR CHILD'S FIRST YEAR OF R.E.? _____ SACRAMENTS **NEEDED**: _____
Baptism Reconciliation (Confession) First Eucharist (Communion)

SPECIAL NEEDS: (Please list any needs regarding learning disabilities, behavior problems, medical concern; for example, allergies, medications, etc.) in order to assist us in accommodating the needs of your child.) _____

R.E. SESSION YOU WOULD LIKE YOUR CHILD TO ATTEND (Circle Grade and day)

Sunday Program:	3 YR OLDS	PRE K	K					
Grade:	1 2 3 4	5 7 6	8	(3:30 - 5:00 PM)	MONDAY	TUESDAY	or	WEDNESDAY
				(7:00 - 8:15 PM)	TUESDAY	WEDNESDAY		
				(7:00 - 8:15 PM)	WEDNESDAY			

FOR SACRAMENTS ONLY: _____ Grade 2* (with NO PREVIOUS R.E. NEEDING SACRAMENTS) meets on Tuesdays (3:30-5:00 PM) (please check ONLY if this applies)

_____ Grades 3-8 (with ONE YEAR OF R.E. NEEDING SACRAMENTS) meets Mondays (3:30-5:00 PM)

Make checks payable to Christ the King R.E. or CTK RE (One check is for Registration & Sacrament Fee and one check for Snacks.)

Sunday Program: (Per Child)	\$ 50.00
1 child (Grade 1-8)	\$110.00
2 children (Grade 1-8)	\$180.00
3 or more (Grade 1-8)	\$240.00
Snack Fee per child in Gr. 1-5	\$ 20.00
Snack Fee per child in Older Sacraments (Gr. 3-8)	\$ 20.00
Sacrament Fee per child receiving Eucharist	\$ 75.00



TOTAL AMOUNT DUE: \$ _____

Office use only:
 Registration/Sacrament Fee: Cash _____ Check Amt & # _____ Date _____ Accepted by (initials): _____
 Snack: Cash _____ Check Amt & # _____
 Entered into the computer: Date: _____ By (initials): _____

Only one Volunteer Sheet needs to be completed per family.



**PARENT VOLUNTEER INFORMATION
2019-2020**

PLEASE CHECK ONE OF THE FOLLOWING WAYS IN WHICH YOU CAN ASSIST IN OUR R.E. PROGRAM. REMEMBER, WE CANNOT DO IT WITHOUT YOU! THANK YOU IN ADVANCE!

- _____ CATECHIST/TEACHER FOR 3 YEARS OLD (Every other Sunday during 9:15 AM Mass)
- _____ CATECHIST/TEACHER FOR PRE-K (4 Year Olds) (approximately 8 times a year during 9:15 AM Mass)
- _____ CATECHIST/TEACHER FOR K (Every Sunday)



- _____ ASSISTANT FOR 3 YR. OLDS (Parent requirement 2 times per year ~during Sunday 9:15 AM Mass)
- _____ ASSISTANT FOR PRE-K (Parent requirement 2 times per year ~ during Sunday 9:15 AM Mass)
- _____ ASSISTANT FOR K (Every other Sunday during 9:15 AM Mass) (total of 4 assistants)

- _____ CATECHIST/TEACHER FOR GR. 1-5 (Monday Tuesday or Wednesday) Grade Choice: _____
- _____ ASSISTANT FOR GR. 1-5 (Monday Tuesday or Wednesday) Grade Choice: _____
- _____ CATECHIST/TEACHER FOR GR. 6 (Wednesday Evening 6:45-8:20PM)
- _____ CATECHIST/TEACHER FOR GR. 7/8 (Tuesday Evening 6:45-8:20 PM)

- _____ SUBSTITUTE CATECHIST/TEACHER (please indicate Day and Time)
- _____ Sunday Program (9:15AM Mass)
- _____ Grades 1-5 Monday Tuesday or Wednesday (3:30PM - 5:00PM)
- _____ Grades 7/8 Tuesday Evenings (6:45-8:20 PM)
- _____ Grade 6 Wednesday Evenings (6:45-8:20 PM)

_____ BABYSITTING (as needed) Monday Tuesday Wednesday _____ afternoons _____ evenings

- _____ YARD DUTY _____ Monday: 3:10-3:35 PM or 4:55-5:10 PM
- _____ Tuesday: 3:10-3:35 PM or 4:55-5:10 PM
- _____ Wednesday: 3:10-3:35 PM or 4:55-5:10 PM
- _____ Tuesday Evening: 6:50-7:05 PM or 8:10-8:25 PM
- _____ Wednesday Evening: 6:50-7:05 PM or 8:10-8:25 PM



- _____ SNACKS (distribute/clean up Snacks for children): _____ Monday: 3:05-3:30 PM
- _____ Tuesday: 3:05-3:30 PM
- _____ Wednesday: 3:05-3:30 PM



_____ HOSPITALITY (Special events in the evenings) Thurs. _____ Fri. _____ Sat. _____ Sun. _____

_____ FESTIVAL PLANNING COMMITTEE (Help to plan and coordinate R. E. Booths.)

PARENT NAME: _____	CELL #: _____
FAMILY NAME: _____	
R.E. CHILDREN'S NAME(s): _____	R.E. GRADE AND DAY: _____
_____	R.E. GRADE AND DAY: _____
_____	R.E. GRADE AND DAY: _____
_____	R.E. GRADE AND DAY: _____



**MEDICAL & EMERGENCY
INFO FORM**

and

MEDIA RELEASE FORM



Medical Info:

IN THE EVENT OF A MAJOR DISASTER, CHILDREN WILL BE BROUGHT TO CTK PARISH HALL UNTIL PARENT OR ASSIGNED ADULT SIGNS FOR AND PICKS UP CHILD/CHILDREN. ONLY ONE FORM PER FAMILY NEEDS TO BE COMPLETED AT REGISTRATION.

FAMILY NAME: _____

CHILD/CHILDREN'S ADDRESS: _____

PARENT/GUARDIAN'S NAME: _____ PHONE: _____

PERSON(S) OTHER THAN PARENT TO NOTIFY IN CASE OF EMERGENCY:

1. _____ PHONE: _____
Name (first & last) Relationship to Child

2. _____ PHONE: _____
Name (first & last) Relationship to Child

R.E. CHILDREN: (Please list vital information for each child In R.E.)

1. _____
Child's Name Grade School he/she Attends

Medical Info (meds on regular basis): _____

2. _____
Child's Name Grade School he/she Attends

Medical Info (meds on regular basis): _____

3. _____
Child's Name Grade School he/she Attends

Medical Info (meds on regular basis): _____

I/We, the parent/guardians, of the above-named child/children hereby give my/our permission for his/her participation in any and all Religious Education (R.E.) activities. I/We agree to direct my/our child/children to cooperate and conform with directions and instructions of Religious Education personnel responsible for R.E. activities.

I/We agree that in the event my/our child/children is injured, as a result of his/her participation in R.E. activities, including transportation to and from these activities, whether or not caused by the negligence of the parish/school R.E. Program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours. In the event I/we cannot be reached in an emergency, I/we hereby give permission for to Sr. Maureen Viani, DRE, or Joan Smits, Associate, to authorize whatever medical treatment may be considered necessary by the attending physician for my/our child.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE _____

FAMILY PHYSICIAN: _____ PHONE #: _____

Physician's Address City

IF YOU DO NOT WANT MEDICAL CARE GIVEN TO YOUR CHILD, STATE REASONS: _____

MEDIA RELEASE INFORMATION



We are asking you to sign this permission form to allow us to share the good things your children are involved in at the Church and in their Religious Education class sessions. The pictures and/or videos will NOT appear on social media. We sometimes have pictures in the Parish Bulletin and on slides during Prayer Services. Please do not hesitate to call if you have any concerns.

I authorize pictures/videos of my child/children to be posted in the Parish Bulletin or Prayer Services at Christ the King Church:



Parent Signature

Parent Name (Please Print)

Natural Disasters



TEXT MESSAGE PERMISSION FORM (for Extreme Emergencies) (2019-2020)

*This form is to give us (Religious Education) permission to text you
in case of an extreme emergency:*

Family Name: _____

Cell Phone # (with Area Code): _____

Cell Phone Carrier: _____

*I agree to allow Christ the King Church (Religious Education) to contact me by text
message on my cell phone for an Extreme Emergency.*

Please Print Name (first & last)

Signature

Date