

# 2009-10 Registration Form

## Christ the King Religious Education

821 S Dale Mabry Highway, Tampa, FL 33609  
813-870-2509 Fax: 813-357-6023

**Please Print:**

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

**Family Information:**

Mother's Name: \_\_\_\_\_

Marital Status: M\_\_ D\_\_ S\_\_ W\_\_

Occupation: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone# \_\_\_\_\_

E-Mail \_\_\_\_\_

Religion \_\_\_\_\_

Father's Name: \_\_\_\_\_

Marital Status: M\_\_ D\_\_ S\_\_ W\_\_

Occupation: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone# \_\_\_\_\_

E-Mail \_\_\_\_\_

Religion \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing address same? Yes\_\_ No\_\_

Home Phone# \_\_\_\_\_

Remarks: \_\_\_\_\_

**Student Information:**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ M\_\_ F\_\_

School: \_\_\_\_\_ Grade: (as of fall of registration year) \_\_\_\_\_

**Student Sacrament Information:**

**Baptism—Please provide a copy of the certificate with this registration. If Baptized at Christ the King, no copy is required.**

Date: \_\_\_\_\_

Church Name & Address: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_

**Reconciliation**

Date: \_\_\_\_\_ Church Name & Address: \_\_\_\_\_

**1<sup>st</sup> Communion**

Date: \_\_\_\_\_ Church Name & Address: \_\_\_\_\_

**Confirmation**

Date: \_\_\_\_\_ Church Name & Address: \_\_\_\_\_

**Siblings in Religious Education?**

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ Grade: \_\_\_\_\_

**As foremost religious educators of their children, parents are integral to the parish program. In what ways are you interested in participating? (Please check all that apply to you.)**

I am an experienced and committed catechetical minister.  I'm willing to learn more.

I'll occasionally help out where my child is.  I enjoy groups of children.

I prefer working with children one-to-one.  I prefer office work (weekday? Sunday?)

I'm willing to take the diocesan Safe Environment class (@ 3 hrs) and be fingerprinted.

**Medical Information** (In order to serve your child to the best of our ability, it is necessary for the catechist to know your child's abilities. Please indicate any **learning disabilities, medical problems or other conditions** which may require special attention during class sessions) \_\_\_\_\_

*We will always attempt a parent contact, in the event you cannot be reached:*

**Emergency Contact:** \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_