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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, May 21st</td>
<td>5:00-7:30 PM</td>
<td>Parish Hall</td>
</tr>
<tr>
<td>Wednesday, May 22nd</td>
<td>5:00-7:30 PM</td>
<td>Parish Hall</td>
</tr>
</tbody>
</table>

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!

Please Print CLEARLY

FAMILY NAME: ___________________________ Family E-Mail Address: ___________________________

MAILING ADDRESS: ____________________________________________

FATHER: ___________________________________ CELL#: ___________________ OCCUPATION: ____________________________

MOTHER: ___________________________________ CELL#: ___________________ OCCUPATION: ____________________________

MOTHER’S MAIDEN NAME: ____________________________________________

You must fill out ONE form for each child.

CHILD NAME: __________________________________________________________________________________

First ____________ Middle ____________ Last ____________ M ______ or F ______

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 8 (3:30 – 5:00 PM) 6 (7:00 – 8:15 PM)

MONDAY TUESDAY or 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): ________________
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 COMMITTE (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:________

Only one Volunteer Sheet needs to be completed per family.
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)

(2019-2020)
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