

2010-11 Registration Form for Christ the King Parish Religious Education

821 S Dale Mabry Highway, Tampa, FL 33609 813-870-2509 Fax: 813-357-6023 bwoodard@ctk-tampa.org

Please print all data: Date: _____ **Family Last Name:** _____

Student's Full Name: _____ Date of Birth _____ M ___ F ___

Current School (as of fall of registration year): _____ Grade: _____

Home Address/Zip: _____ Home Phone #: _____

Mother's Name: _____ Marital Status: M ___ D ___ S ___ W ___

Cell Phone # _____ Work Phone # _____ Ext _____

E-Mail _____

Religion _____ Occupation: _____

Father's Name: _____ Marital Status: M ___ D ___ S ___ W ___

Cell Phone # _____ Work Phone # _____ Ext _____

E-Mail _____

Religion _____ Occupation: _____

Student Sacrament Information: My child has received the sacrament of...

Baptism? YES ___ NO ___ Date, if known: _____ Mother's maiden name: _____

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

Church Name & City: _____

First Reconciliation? YES ___ NO ___ Date, if known: _____ Church Name & City: _____

First Eucharist? YES ___ NO ___ Date, if known: _____ Church Name & City: _____

Confirmation? YES ___ NO ___ Date, if known: _____ Church Name & City: _____

Siblings in Religious Education?

Name _____ Grade: _____ 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. However, in the event you cannot be reached:

Emergency Contact: _____ Relationship _____

Cell #: _____ Home #: _____ Other #: _____