

**2019-2020 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 2019: \_\_\_\_\_ Grade Fall 2019: \_\_\_\_\_  
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 2019: \_\_\_\_\_ Grade Fall 2019: \_\_\_\_\_  
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!**

\$100 PER STUDENT – Amount Paid \$ \_\_\_\_\_ : cash \_\_\_\_\_ check # \_\_\_\_\_ date \_\_\_\_\_