

**2020-2021 CHRIST THE KING FAITH FORMATION/CONFIRMATION  
FAMILY REGISTRATION FORM (GRADES 7/8/TEEN)**

Family Name : \_\_\_\_\_  
Father's Full 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 2020: \_\_\_\_\_ Grade Fall 2020: \_\_\_\_\_  
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 2020: \_\_\_\_\_ Grade Fall 2020: \_\_\_\_\_  
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 \_\_\_\_\_  
Contact Charlotte Dooley, 214-957-1378 cell if you need to pay with a credit card