

**2021-2022 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 2021: _____ **Grade Fall 2021:** _____
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 2021: _____ **Grade Fall 2021:** _____
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!

\$150 PER STUDENT – Amount Paid \$ _____ : cash _____ check # _____ date _____

Contact Charlotte Dooley, 214-957-1378 cell if you need to pay with a credit card or go online to ctkdallas.org website