

**FOR OFFICE USE ONLY:**

Date Returned: \_\_\_\_\_

Check # / Cash: \_\_\_\_\_

Amount: \_\_\_\_\_



*Superior Education  
with a Christian*

**Pre-Kindergarten - Eighth Grade Registration Form 2017-2018**

Please fill in all data and return to the school office. A \$100.00 non-refundable fee per child must accompany this form. A Book and Technology fee of \$200.00 per student is due by July 30<sup>th</sup>.

**Please fill out Section I with information about the custodial parent who has primary responsibility for tuition.**

**Section I.**

Head of Household: \_\_\_\_\_ Male ( ) Female ( )  
Last First Middle

Ethnic background \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Self Employed: Yes / No If self-employed list name of Business: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

Highest Level of Education: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_ Religion: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Home/Office/Cell/Other If Catholic list Parish: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Home/Office/Cell/Other

Phone ( ) \_\_\_\_\_ Home/Office/Cell/Other

We communicate regularly by email and bill through email. List the email address you want used as your primary billing and contact address.

Email: \_\_\_\_\_

Interested in Volunteering: Yes / No Available during the school day: Yes / No

Interested in volunteering for:  
\_\_\_\_\_  
\_\_\_\_\_

If this is your first enrollment in our school, how did you hear about us?  
NAME OF PERSON WHO REFERRED YOU TO OUR SCHOOL:  
\_\_\_\_\_

Please fill out Section II with information about other parent (or person) with whom child resides.

Section II.

Name: \_\_\_\_\_ Male ( ) Female ( )  
Last First Middle

Ethnic background \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Self Employed: Yes / No If self-employed list name of Business: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

Highest Level of Education: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_ Religion: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Home/Office/Cell/Other If Catholic list Parish: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Home/Office/Cell/Other

Phone ( ) \_\_\_\_\_ Home/Office/Cell/Other

Email: \_\_\_\_\_

Interested in Volunteering: Yes / No Available during the school day: Yes / No

Interested in volunteering for: \_\_\_\_\_

Please Fill Out Section III with information about Non-Custodial Parent if Applicable.

Section III.

Name: \_\_\_\_\_ Male ( ) Female ( )  
Last First Middle

Ethnic background \_\_\_\_\_ SS# \_\_\_\_\_ Copy of Custody Agreement with registration Yes / No

Home Address \_\_\_\_\_  
Street City State Zip

Self Employed: Yes / No If self-employed list name of Business: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

Highest Level of Education: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to student(s): \_\_\_\_\_ Religion: \_\_\_\_\_

Email: \_\_\_\_\_

Continue with Non-Custodial Parent Information.

Phone ( ) \_\_\_\_\_ Home/Office/Cell/Other If Catholic list Parish: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Home/Office/Cell/Other  
Phone ( ) \_\_\_\_\_ Home/Office/Cell/Other

Email: \_\_\_\_\_ Prefer Email Statements/Communications: Yes / No

Interested in Volunteering: Yes / No Available during the school day: Yes / No

Interested in volunteering for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill our Section IV with information about Emergency Contact Information.

Section IV.

Please list persons who can be contacted in case of an emergency if parent is not available, and who can check child out of school.

Name	Relationship	Phone	Check Out
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No
_____	_____	_____	Yes / No

In the event of any accident or illness, the school policy is to notify the child's parents and let the parent provide necessary medical attention. If the school is unable to reach either parent or other individual listed, please specify procedures you wish followed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Christ the King Catholic School is a mission of our church, and is open to all students regardless of ability to pay. Tuition assistance is granted through an application process and is based on need regardless of religion.

Do you need an application for tuition assistance? Yes / No If yes, please list address \_\_\_\_\_

Please be aware that admission is not a guarantee of assistance, but the school makes every effort to ensure all families can afford an education at Christ the King.

**Tuition Payments**

Please indicate your billing preferences on your Financial Contract which you will receive when this registration is processed. You may select from a variety of payment plans. Payments for the 2017-2018 school year will begin in July 2017.

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**Please fill out Section V with information about Student. Fill out a separate sheet for each child applying to Christ the King.**

**Section V.**

Student Name: \_\_\_\_\_ Male ( ) Female ( )  
Last First Middle

Name Student Goes By: \_\_\_\_\_

Ethnic background \_\_\_\_\_ SS# \_\_\_\_\_ Religion: \_\_\_\_\_

Birth \_\_\_\_\_ Age: \_\_\_\_\_  
Date City County State

Baptism \_\_\_\_\_  
Date Church City State

First Communion \_\_\_\_\_  
Date Church City State

Previous School/Daycare Attended: \_\_\_\_\_  
Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address City State Zip

Grade Level for 2017-2018 School Year: \_\_\_\_\_ If Pre-Kindergarten: Whole Day \_\_\_\_\_ or Half Day \_\_\_\_\_  
(please Check One)

Grade Level Completed in 2016-2017 School Year: \_\_\_\_\_

School Attended in 2016-17 School Year: \_\_\_\_\_

School Contact Address: \_\_\_\_\_ School Contact Phone number: \_\_\_\_\_

Has the Child Ever Repeated a Grade in School: Yes / No If Yes which grade: \_\_\_\_\_

Will the child attend Christ the King After-School Program: Yes / No If Yes regularly or occasional drop in: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_

Is the child under a doctor's care for a current condition: Yes / No If Yes please explain: \_\_\_\_\_

Does the child have any allergies: Yes / No If Yes please explain: \_\_\_\_\_

Does the child take any medication regularly: Yes / No If Yes please list medications: \_\_\_\_\_

Will the child take medication during school hours: Yes / No If Yes please explain: \_\_\_\_\_

Has the child been diagnosed with any developmental delay/learning disability or any condition that will affect learning: Yes / No

If Yes, please explain and provide the school with records and documentation with this registration form:

Has the child ever had behavior problems in previous school/daycare? Yes / No

If Yes please explain: \_\_\_\_\_

Ages of Siblings: \_\_\_\_\_ School(s) Attending: \_\_\_\_\_