CHRIST THE KING

RELIGIOUS EDUCATION PROGRAM

Registration Form September 2022

Contact: 914-963-7474 ext. 14 CTKreledyonkers@gmail.com

STUDENT INFORMATION:

Child's Name	Grade
Home Phone Family e-m	ail address
Home Address	
MEDICAL CONDITIONS:	
Does your child have any KNOWN ALLERGIES?	No Yes (describe on back of form)
Is your child taking any prescription medication?	No Yes (describe on back of form)
Does your child have ANY know medical conditions?	No Yes (describe on back of form)
FAMILY INFORMATION:	
Father's name	Cell#
Mother's name	Cell#
Relationship to child	Phone # Alternate Phone # Alternate Phone #
Doctor's Name	Phone #
unable to be reached, I hereby authorize this represe physician's instructions. If it is impossible to contact t	tative of the parish catechetical program contact me. If I amentative to call the physician indicated and to follow the he physician, the representative of the parish catechetical necessary. I agree to assume the financial responsibility for cessary.
To the best of my knowledge all information given is acconecessary procedures that have been stated above.	curate and complete. I hereby consent to and authorize the
Parent /Guardian Signature	Date

Religious Education Sessions are held from 10:00 to 11:30 AM on Sundays, in the school building beginning September 11, 2022.

Families are encouraged to attend the 9:00 Mass.

Registration Fee: \$150 Per Student or \$200 Per Family. Please include payments with this form.

Thank You – Mr. Zachary Paul, Coordinator of Religious Education