

FAITH FAMILY AND RELIGIOUS FORMATION REGISTRATION FORM 2021-2022

Office Use Only

Paid: _____ Balance: _____
Ck # _____ Cash: _____
Date _____

PLEASE PRINT

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____ Email: _____

Please check here if you wish to have duplicate information sent to another address: _____

Relation to child: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellphone: _____

Registration fees if received by September 10, 2021

\$25/ per student \$65/three or more students

Financial Assistance is available upon request

Sacrament Information: Please attach a baptismal certificate for any student who will be receiving First Eucharist (2020-20201) or who will be Confirmed during the 2021-22 school year.

Returning Student	Grade	Name of School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list any new students to the program below:

Name: _____ Grade Level (2021-22): _____ Date of Birth: _____

Name of School: _____ Baptism Yr: _____ 1st Eucharist Yr _____

Name: _____ Grade Level (2021-22): _____ Date of Birth: _____

Name of School: _____ Baptism Yr: _____ 1st Eucharist Yr _____

Our expectation is that all parish children are schooled in parish schools of religion. The sacrament of Reconciliation and the sacrament of Eucharist (First Communion) are usually celebrated in the second grade year. If you child has not been in a formal religious education setting, such as a school or parish religious education program, additional catechesis will be necessary before reception of the sacraments. The sacrament of Confirmation is usually celebrated in the fall of the eighth grade year. Due to many patterns of formation, please see policy June 2003.

Christ the King Religious Education Program
52473 Indiana State Road 933
South Bend, Indiana 46637

Note: Parents must sign either the Consent to Emergency Medical Care or the Refuse to Consent to Emergency Medical Care.

Consent to Emergency Medical Care

Name of Child _____

In the event that reasonable attempts to contact me at (Phone #) _____

or (Name of Secondary Contact) _____

at (Phone #) _____ have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by

(Name of Preferred Physician) Dr. _____ phone #: _____
or

(Name of Preferred Dentist) Dr. _____, phone #: _____
or

in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

2. The transfer of the child to (Preferred Hospital) _____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery are obtained before surgery is performed.

My health insurance carrier is _____ Policy/Group/Claim # _____

The following include allergies the child may have, any medication the child may be taking and any other facts to which a physician or dentist should be alerted to: _____

Date

Parent / Guardian Signature

Refuse to Consent to Emergency Medical Care

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish / diocesan authorities to take no action or to:

I fully understand what is involved in this program and the foregoing form and I understand that I have the opportunity to call the catechetical leader about any questions I may have.

Date

Parent / Guardian Signature