

**CHRIST THE KING CATHEDRAL  
CONTINUING CATHOLIC EDUCATION  
REGISTRATION FORM 2014-2015**

**DATE:** \_\_\_\_\_

**FAMILY LAST NAME:** \_\_\_\_\_ **HOME PHONE #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
                   **Street Address**    **City**    **Zip Code**

**CELL PHONE:** \_\_\_\_\_  
   **Father**    **Mother**

**EMAIL ADDRESS:** \_\_\_\_\_  
   **Father**    **Mother**

**PARENTS:**  
**Father**    **Mother**

\_\_\_\_\_  
**Full Name**    **Full Name; include maiden name**

\_\_\_\_\_  
**Date, Place of Birth**    **Date, Place of Birth**

\_\_\_\_\_  
**Religion**    **Religion**

\_\_\_\_\_  
**Place of Employment**                          **Work #**    **Place of Employment**                          **Work #**

**With whom does the child reside?**      **Parents** \_\_\_\_\_ **Father** \_\_\_\_\_  
    **Mother** \_\_\_\_\_ **Grandparents** \_\_\_\_\_

\_\_\_\_\_  
**Address, if other than above**    **Telephone**

**FAMILY REGISTERED IN THE PARISH?** \_\_\_\_\_  
    **Yes**    **No**

**ANY SPECIAL NEEDS: health concerns, learning disabilities, physical disabilities, etc.** \_\_\_\_\_  
 \_\_\_\_\_

**SESSIONS:**    3 yrs. Old through Grade 12                          **CLASS TIME:** 11 a.m. - 12:15 p.m.

**TUITION:**    \$30.00 PER CHILD                          **AMOUNT PAID \$** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE CHECK X IF YOUR CHILDREN HAVE RECEIVED THE SACRAMENTS**

STUDENT NAME	GRADE	DOB	BAPTISM	PENANCE	EUCHARIST	CONFIRMATION