

FOR OFFICE USE ONLY:

Date Returned: _____

Check # / Cash: _____

Amount: _____



*Superior Education
with a Catholic
Christian Foundation*

Pre-Kindergarten - Fifth Grade Registration Form 2020-2021

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

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:

Preferred Hospital-

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 2020-2021 school year will begin in July 2020.

Parent Signature _____

Date _____

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 Date _____ **City** _____ **County** _____ **State** _____ **Age:** _____

Baptism Date _____ **Church** _____ **City** _____ **State** _____

First Communion Date _____ **Church** _____ **City** _____ **State** _____

Previous School/Daycare Attended: _____
Name

_____ **Phone ()** _____
Address _____ **City** _____ **State** _____ **Zip** _____

Grade Level for 2020-2021 School Year: _____ **If Pre-Kindergarten: Whole Day** _____ **or Half Day** _____
(please Check One)

Grade Level Completed in 2019-2020 School Year: _____

School Attended in 2019-2020 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: _____ **Phone:** _____

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:** _____