



2025-26 CIC (Christian Initiation of Children) Registration Form

Complete ONE REGISTRATION FORM for EACH CHILD

Please write clearly and fill out BOTH SIDES

Religious Education

1 Student: \$65 2 Students: \$120 3+ Students (in same family): \$135

CIC (Christian Initiation of Children) is a year-long course for **4th-12th grade students** in need of the one or more of the following Sacraments: BAPTISM, RECONCILIATION, and FIRST COMMUNION. The class takes place weekly on Wednesday evenings from 7-8pm.

A parent/guardian of the student is required to attend each class with your student(s).

Student's Legal First and Last Name: _____

Student Nickname: _____ **Birthdate:** ____/____/____ **Sex (M/F):** _____

Grade: _____ **School Child is Attending:** _____

Catholic Baptism (Church Name and City/State): _____

Other Baptism (Name and Address of Church): _____

1. Attach a copy of student's Baptism Certificate if not baptized at Christ the King Catholic Church

2. Attach a copy of student's Birth Certificate (must have both documents to complete registration)

Does your child need to be Baptized? Yes/No (If YES, an additional Sacramental Fee is required)

Mother's Name: _____ **Mother's Phone:** _____

Father's Name: _____ **Father's Phone:** _____

Family Email Address: _____

Emergency Contact Name: _____ **Phone Number:** _____

Mailing Address: _____

Physical Address (if different from above): _____

Child lives with: _____

Preferred form of contact/special circumstances: _____

Photo Release: Photos of my student can be printed and/or posted on advertising boards, a website, or social media page associated with Christ the King Religious Education. Yes/No

OFFICE USE ONLY					
Payment Received:	Amount:	CK#	Cash:	SPO:	Date:
Baptismal Certificate:	Church:			City/State:	
Note:					

Medical Alerts: Please fill out where necessary

Is your student allergic to gluten? YES/NO

Food Allergies: _____

Drug Allergies: _____

Other Allergies: _____

Medical Conditions or other Pertinent Information: _____

Christ the King Church Religious Education Consent for Minor or Emergency Medical Treatment

I, _____ am the Father/Mother/Legal Guardian of
_____, a minor. In case of emergency, I give my consent
for medical treatment as set forth below:

1. The transfer to any hospital reasonably accessible when medically necessary.
2. The administration of any emergency treatment deemed necessary by a registered nurse, emergency medical technician, licensed physician or dentist.

Any hospital or practitioner not having access to your child's medical history needs the following information:

Regular medication being taken: _____

Vaccinations up to date? Yes/No Physical Impairments: _____

Parent Contact- the Religious Education program regularly sends out email and text updates and reminders about our programs. Please make sure that the information provided on the front of this form is correct so we can stay in contact with you.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

COMPLETE BOTH SIDES

Extra copies may be printed from the website www.ckparish.org under "Faith Formation" or picked up at the Parish office, Monday-Friday 8:30-4:30 (closed from 12-1 for lunch)