



Christ the King Catholic Community

Office of Religious Education

200 Windsor Ave.

Haddonfield, NJ, 08033

Phone: 856-429-1600 x 108 ~ Fax: 856-429-2734

www.ctkhaddonfield.org

Dear Parents & Guardians,

Greetings to all of our wonderful parents and guardians and students. We are happy to post the **2019-2020 Religious Education Registration Packet**. **Starting this year, you are able to make payment directly online through Parish Giving.** Use the appropriate link below to begin the process. Please review the options available to you and read this entire letter before beginning the process.

Traditional Weekly Model – Monday or Tuesday weekly classes October through April.

Home School Model – Consecutive lessons held in the convenience of the home.

Summer Religious Education (Condensed model)– Continuing this year a program consisting of one class per grade (K-8) 15 student maximum.

Summer Concentrated Model – July 8-12, 2019 8:15am – 3:30pm plus experiential events as per the covenant.

PLEASE NOTE: A second week of Summer Rel Ed is reserved (July 15 – 19, 2019) and will open up only after the first week reaches full enrollment. The second week will only run if it reaches full enrollment.

Only Christ the King Parish registered families may apply. Certain conditions will apply. Your registration is not complete until it is approved by the religious education office.

All children must be re-registered each year and all families must be registered members of Christ the King Parish.

Please complete one Registration Packet per family and submit it to the Religious Education Office along with tuition **no later than May 10, 2019**. **Registrations will not be accepted on the first day of class.**

All NEW students must have a copy of their Baptismal Certificate included with the registration form if not baptized at Christ the King. **TRANSFER** students need to present a letter from their prior parish that verifies completed religious education instruction and sacraments along with a copy of their Baptismal Certificate.

Classes will continue to be held as usual on **Mondays** in Christ the King Catholic School for all grades. There are three sessions offered at 3:45, 5:15 & 7:00PM for specific grades.

Classes will continue on **Tuesday** evenings for a limited number of classes and grades. There are two sessions offered at 5:15 & 7:00PM for specific grades.

Class and time accommodations are based on a first-come basis. Registrations are date and time stamped and processed in the order received.

For 2019-2020 the schedule is as follows:

Tuition for Traditional Model and Home School Model

: \$165.00 one student \$325.00 two students \$485.00 for 3 or more students.

Traditional Classroom Model

Mondays

Session A 3:45 - 4:45 Grades K thru 4
Session B 5:15 - 6:30 Grades K thru 8
Session C 7:00 - 8:15 Grades 5 thru 8

Tuesdays

Session D 5:15 – 6:30 Grades 1 thru 8
Session E 7:00 – 8:15 Grades 5 thru 8

Home School Model

Please contact the parish office to set up an initial meeting to discuss this model.

Summer Concentrated Religious Education – Continuing this year for Grades K-8

Week One July 8 – 12, 2019 8:15AM – 3:30PM Certain conditions apply

Week Two (July 15-19, 2019 in reserve. Please see note above)

Tuition for Summer Concentrated Model : \$250.00 per student

All of these ambitious endeavors are, of course, contingent upon recruiting willing people to help staff the classrooms and support positions. All offerings are subject to change depending on enrollment, classrooms available, and teachers willing to commit. So I ask you to think about it, pray on it, and listen for the voice of the Holy Spirit prompting you to action. Please consider the many opportunities on the volunteer form below.

Tuition payment can now be handled online. Click on the following link to begin the process.

<https://www.parishgiving.org/ParishGiving.html?e=25B320096924CFA375BD5E0D97AB46D8B21DD5996ED16CF22A388D403E264C534B1F73AEE650E01CBD290D7C19863CE1>

Use the appropriate form (Traditional Model or Summer Concentrated) for registering.

Please contact the Religious Education Office if you will not be returning next year. This is a tremendous help for our record keeping and will also allow for proper notification of all sacraments and completed course work to your new parish.

If you have any questions please do not hesitate to contact the Religious Education Office at 856-429-1600.

Sincerely,
Mrs. Dolores Mozzillo
Director of Religious Education
religioused@ctkhaddonfield.org

Christ the King Parish - Religious Education Registration – (2019-2020) **TRADITIONAL**

200 Windsor Avenue, Haddonfield, NJ 08033 (856) 429-1600 x 108 ~ religioused@ctkhaddonfield.org

Family Last Name: _____ Date: _____

Father's First Name: _____ Mother's First Name: _____ Guardian's Full Name: _____

Home Phone: _____ Cell phone: Mom _____ Dad _____

Address: _____

Email: _____ Email: _____

Please complete one box for each child.

Mark your first preference and your second preference with "1" and "2".

Student's Full Name Please Print – No Nicknames	Date of Birth	Grade in Sept. 2019	Sess. A Mon 3:45 Grds. K-4	Sess. B Mon 5:15 Grds. K-8	Sess. C Mon 7:00 Grds. 5-8	Sess. D Tues 5:15 Grds. 1-8	Sess. E Tues 7:00 Grds. 5-8
_____	_____	_____	_____	_____	_____	_____	_____

Note: Please share any information that will aid in your child's learning experience (i.e. IEP, Meds, hearing or visual challenges). _____

Student's Full Name Please Print – No Nicknames	Date of Birth	Grade in Sept. 2019	Sess. A Mon 3:45 Grds. K-4	Sess. B Mon 5:15 Grds. K-8	Sess. C Mon 7:00 Grds. 5-8	Sess. D Tues 5:15 Grds. 1-8	Sess. E Tues 7:00 Grds. 5-8
_____	_____	_____	_____	_____	_____	_____	_____

Note: Please share any information that will aid in your child's learning experience (i.e. IEP, Meds, hearing or visual challenges). _____

Student's Full Name Please Print – No Nicknames	Date of Birth	Grade in Sept. 2019	Sess. A Mon 3:45 Grds. K-4	Sess. B Mon 5:15 Grds. K-8	Sess. C Mon 7:00 Grds. 5-8	Sess. D Tues 5:15 Grds. 1-8	Sess. E Tues 7:00 Grds. 5-8
_____	_____	_____	_____	_____	_____	_____	_____

Note: Please share any information that will aid in your child's learning experience (i.e. IEP, Meds, hearing or visual challenges). _____

Student's Full Name Please Print – No Nicknames	Date of Birth	Grade in Sept. 2019	Sess. A Mon 3:45 Grds. K-4	Sess. B Mon 5:15 Grds. K-8	Sess. C Mon 7:00 Grds. 5-8	Sess. D Tues 5:15 Grds. 1-8	Sess. E Tues 7:00 Grds. 5-8
_____	_____	_____	_____	_____	_____	_____	_____

Note: Please share any information that will aid in your child's learning experience (i.e. IEP, Meds, hearing or visual challenges). _____

<p>For office use only: Total paid _____ Cash _____ Check # _____ PG _____ Date: _____</p> <p>Processed by: _____ Invoice Created _____</p> <p>Incomplete paperwork; Family contacted: _____ Paperwork Complete; child placed: _____</p> <p>Catechist: YES or NO (Circle) # of Registered Children _____</p>

Christ the King Parish - Religious Education Registration – (2019-2020)

SUMMER CONCENTRATED

200 Windsor Avenue, Haddonfield, NJ 08033 (856) 429-1600 x 108 ~ religioused@ctkhaddonfield.org

Family Last Name: _____ Date: _____

Father's First Name: _____ Mother's First Name: _____ Guardian's Full Name: _____

Home Phone: _____ Cell phone: Mom _____ Dad _____

Address: _____

Email: _____ Email: _____

2019 SUMMER SESSION – JULY 8 – 12 TIMES: 8:15AM – 3:30PM. LIMITED CAPACITY

Please complete one box for each child.

STUDENT MUST ATTEND ALL FIVE DAYS AND FULFILL THE TERMS OF THE COVENANT.

Student's Full Name Please Print – No Nicknames _____	Date of Birth _____	Grade in Sept. 2019 _____					
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Note: Please share any information that will aid in your child's learning experience (i.e. IEP, Meds, hearing or visual challenges). _____

Student's Full Name Please Print – No Nicknames _____	Date of Birth _____	Grade in Sept. 2019 _____					
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Note: Please share any information that will aid in your child's learning experience (i.e. IEP, Meds, hearing or visual challenges). _____

Student's Full Name Please Print – No Nicknames _____	Date of Birth _____	Grade in Sept. 2019 _____					
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Note: Please share any information that will aid in your child's learning experience (i.e. IEP, Meds, hearing or visual challenges). _____

Student's Full Name Please Print – No Nicknames _____	Date of Birth _____	Grade in Sept. 2019 _____					
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Note: Please share any information that will aid in your child's learning experience (i.e. IEP, Meds, hearing or visual challenges). _____

For office use only: Total paid _____ Cash _____ Check # _____ PG _____ Date: _____	
Processed by: _____ Invoice Created _____	
Incomplete paperwork; Family contacted: _____	Paperwork Complete; child placed: _____
Catechist: YES or NO (Circle)	# of Registered Children _____

CHRIST THE KING RELIGIOUS EDUCATION PROGRAM

200 Windsor Ave., Haddonfield, NJ, 08033

Year 2019-2020

Year 2019-2020

Emergency and Permission Form

Mandatory to be filled out each "new" school year

FAMILY LAST NAME _____ **Phone** _____

ADDRESS _____

Student's First Name below and Information – Including epipen use/bee stings/allergies (please be specific)

1. _____ Health concerns/allergies _____

2. _____ Health concerns/allergies _____

3. _____ Health concerns/allergies _____

4. _____ Health concerns/allergies _____

5. _____ Health concerns/allergies _____

Emergency Information

Please Print:

In case your child is ill and we are unable to contact you, please provide the name of a relative or friend whom we may call. Please list someone who is preferably within parish boundaries.

Emergency Contact Name: _____ (contact should not be a parent /legal guardian).

Emergency Contact Phone Number (Land Line and/or Cell):

Relationship to Student: _____

Parent is responsible to inform our office immediately regarding any changes to child's health or emergency information.

Permission Form

I hereby give permission for my child/ren to walk to other parish buildings during the course of his/her religious education classes. I understand that my child/ren will be accompanied by a catechist during these outings.

Parent Signature: _____ **Date:** _____

Publicity Release (Please check only 1 choice)

Pursuant to law, Christ the King Parish will not release any personally identifiable information without prior written consent from you as their parent/guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, and phone numbers.

Check one of the following choices:

___ I/We GRANT permission for a photo/image that includes our child(ren) without any other personal identifiers (no name, no age or grade, no address, just a member of Christ the King Parish) to be published on Christ the King and/or the Diocese of Camden public Internet site, in publications of Christ the King Parish and/or the Diocese of Camden, and/or in other media that may publicize Christ the King Parish events. **(photo only, no name)**

___ I/We DO NOT GRANT permission for a photo/image that includes our child(ren) to be published on Christ the King Parish and/or the Diocese of Camden public Internet site, in publications of Christ the King Parish and/or the Diocese of Camden, and/or in other media that may publicize Christ the King Parish events.

Parent Signature: _____ **Date:** _____

CHRIST THE KING RELIGIOUS EDUCATION

200 WINDSOR AVENUE, HADDONFIELD, NJ 08033
856-429-1600 x 108 ~ religioused@ctkhaddonfield.org



Dear Parents/Guardians,

It is our hope that you will seriously consider becoming part of the Religious Education/Life Long Faith Formation Process here at Christ the King Parish. We are always in great need of catechists and other volunteers. **Please don't dismiss this request with the thought that someone else will volunteer.** With few exceptions, our pool of catechists is drawn from the parents of our students. Parents have the greatest investment in the religious education of their children. The more catechists and volunteers we have, the smaller the class size can be.

Christ the King Parish is here to assist **YOU** in the religious education of your children as **YOU** are the primary educator of your child in the ways of our faith. **WE**, the parish staff and catechists, are here to assist you in this role. We cannot do it without parents/guardians who are willing to make the sacrifice of time so that the message of Christ can be brought to all our children.

If you feel the desire to be a catechist in your heart, know that we will help you in every way possible. What we ask is that you have an ongoing relationship with Christ and the ability to share this relationship with others. While book knowledge is important, children will benefit tremendously from seeing their parents actively engaged in the teaching ministry of their church.

PLEASE DO NOT PUT THIS PAPER ASIDE. PONDER IT, PRAY OVER IT, AND KNOW THAT YOU ARE NEEDED.



RELIGIOUS EDUCATION "Help Wanted" FORM

*Please check as many appropriate items that apply and return this form with your Registration.
"Many hands make work lighter!!!"*

_____ Yes, I am willing to become a catechist ON MONDAY OR TUESDAY OR SUMMER (Please circle).

My grade level preference is _____ Session: _____ 3:45 _____ 5:15 _____ 7:00

_____ I am willing to become a weekly aide in grade _____ Session: _____ 3:45 _____ 5:15 _____ 7:00

_____ I would like to be a substitute catechist for the following session(s): _____ 3:45 _____ 5:15 _____ 7:00

_____ Yes, I am willing to be on the First Eucharist Prayer and Share Day Committee to prepare materials for the day.
(Looking for volunteers from all grade levels since 2nd Grade Parents need to accompany their children that day.)

_____ I would like to volunteer to be a hall monitor during _____ 3:45 _____ 5:15 _____ 7:00 _____ Summer

_____ I would like to volunteer to help as a crossing guard during _____ 3:45 _____ 5:15 _____ 7:00 _____ Summer

_____ I would like to volunteer to help with service projects

_____ I would like to volunteer to help with Vacation Bible School in August

_____ I would like to volunteer to help with Sunday's Children's Liturgy of the Word _____ 9:00 AM _____ 11:00 AM

_____ I have other gifts that I would like to offer to the program.

These gifts are: _____

(Please Print)

Name _____ Phone _____

Email _____ Date _____

Office use: Filed on: _____

Notes: _____





PARENT AUTHORIZATION FORM
Christ the King, Haddonfield NJ
Religious Education
Fill Out ONLY if applies



WALK HOME PERMISSION FORM: For students in grade K-4 only

When walking home from Christ the King Religious Education classes, please remind your child/children of the following safety guidelines:

- Try walking with a partner or a group ~ Go directly from Christ the King School to your home.
- Always try to walk home from school using the same route. ~ Walk home using the sidewalks or walking paths.
- Cross only at designated crosswalks. ~ Obey all traffic signs and signals. ~ Check in with a parent once you arrive home.

Student's Name _____ Grade & Session _____

Student's Name _____ Grade & Session _____

Student's Name _____ Grade & Session _____

(Initial) _____ I hereby give my permission for my child (listed above) to walk home after dismissal from Christ the King Religious Education classes. I acknowledge that my child/children may be walking home in inclement weather, alone, and /or after dark.

As a condition of being allowed to do so, I hereby release and discharge Christ the King Parish & Religious Education from any and all claims for personal injuries, property damage that my son/daughter may suffer as a result of walking home after dismissal from Religious Education Classes. I agree to relieve the Religious Education and the Parish of Christ the King in Haddonfield, New Jersey, and all respective employees and volunteer staff members, harmless from any and all liability or claims which may arise out of, or in connection with, my child / children's participation in this my request to walk home without adult supervision.



Date: _____ Parent or Guardian Signature _____

CARPPOOL PERMISSION FORM: For students in grades K – 4 only

Our youngest students Grades Kindergarten through Grade 4 will be dismiss at the end of 3:45 & 5:15 Class Sessions to the gym area where they will need to be pickup and signed out by a parent.

However; you may opt to have a designated person who will sign them out for you from the gym area.

Student's Name _____ Grade & Session _____
 (Please Print)

Student's Name _____ Grade & Session _____
 (Please Print)

The following persons listed below have my permission to sign my child out at the time of dismissal from the gym area. The Catechists from Kindergarten, First Grade, Second Grade, Third Grade and Fourth Grade have my permission to release my child to the following people:

Designated Person's Name: _____ Phone: _____
 (Please Print)

Designated Person's Name: _____ Phone: _____
 (Please Print)