

**Option 1**

**Christ the King Parish - Religious Education Registration – (2022-2023)**

**SUMMER CONCENTRATED**

**Tuition - \$250.00 per student**

200 Windsor Avenue, Haddonfield, NJ 08033 (856) 429-1600 x 108 ~ [religioused@ctkhaddonfield.org](mailto: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: \_\_\_\_\_

**2022 SUMMER SESSION – Week One JULY 11 – 15 TIMES: 8:30AM – 3:00PM. LIMITED CAPACITY**

**Week Two JULY 18 - 22 TIMES: 8:30AM - 3:00PM LIMITED CAPACITY**

**Please complete one box for each child.**

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

<b>Student's Full Name</b> Please Print – No Nicknames	<b>Date of Birth</b>	<b>Grade in Sept. 2022</b>					
_____	_____	_____					

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

<b>Student's Full Name</b> Please Print – No Nicknames	<b>Date of Birth</b>	<b>Grade in Sept. 2022</b>					
_____	_____	_____					

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

<b>Student's Full Name</b> Please Print – No Nicknames	<b>Date of Birth</b>	<b>Grade in Sept. 2022</b>					
_____	_____	_____					

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

<b>Student's Full Name</b> Please Print – No Nicknames	<b>Date of Birth</b>	<b>Grade in Sept. 2022</b>					
_____	_____	_____					

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

<b>For office use only:</b> 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 _____

Year 2022-2023

**Emergency and Permission Form**  
**Mandatory to be filled out each "new" school year**

Year 2022-2023

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: \_\_\_\_\_