



## 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](http://www.ctkhaddonfield.org)

Dear Parents & Guardians,

Greetings to all of our wonderful parents and guardians and students. We are happy to post the **2022-2023 Religious Education Registration for Year long classes and Home School. Tuition payment can be made at the online portal through Parish Giving.** Use the appropriate link below to pay tuition online. Please review the options available and submit the registration form with your preference.

If a new member, please be sure to register your family as members of the Parish before registering for religious education classes. For out-of-parish registrations, permission from your home parish is necessary to attend. 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 July 1, 2022.** **Registrations will not be accepted on the first day of class.**

**All NEW students** must include a copy of their Baptismal Certificate 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.

**Please note: Family Experiential and Reflection projects (at least 8 yearly) now apply to all Options**

**Option 2: Year long Model** – In Person **PLUS EXPERIENTIAL REFLECTION PROJECTS**

Mondays – 3:45-4:45PM Grades K-4 or 5:15-6:30PM Grades K-8.

**Option 3: Home School Model** – Parent directed. Consecutive lessons held in the convenience of the home.

The Religious Education Office will provide the materials and support and oversight to carry out your lessons at home. **PLUS EXPERIENTIAL REFLECTION PROJECTS.**

For 2022-2023 the tuition schedule is as follows:

**Tuition for Year long Model and Home School Model.**

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

**Tuition payment can now be handled online.** Click on the following link to begin the process. Your registration is not complete until tuition is made and printed registration forms have been submitted.

<https://www.parishgiving.org/ParishGiving.html?e=D273573E47E23E14B9C756FC18DEB4E10C290E3EE32ED02A35BE0A35CDE613A9AACF38D8C7EC7AC2AD28C27859E6BBFD>

Please contact the Religious Education Office if your child/children will not be returning this 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](mailto:religioused@ctkhaddonfield.org)

# Christ the King Parish - Religious Education Registration – (2022-2023) **Option 2, or 3**

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

Family Last Name: <input style="width:95%;" type="text"/>	Date: <input style="width:95%;" type="text"/>		
Father's First Name: <input style="width:30%;" type="text"/>	Mother's First Name: <input style="width:30%;" type="text"/>		
Guardian's Full Name: <input style="width:30%;" type="text"/>	Mother's Maiden Name: <input style="width:30%;" type="text"/>		
Home Phone: <input style="width:15%;" type="text"/>	Cell phone: <input style="width:15%;" type="text"/>	Mom <input style="width:15%;" type="text"/>	Dad <input style="width:15%;" type="text"/>
Address: <input style="width:30%;" type="text"/>	City: <input style="width:15%;" type="text"/>	State: <input style="width:10%;" type="text"/>	Zip: <input style="width:10%;" type="text"/>
Email #1: <input style="width:30%;" type="text"/>	Email#2: <input style="width:30%;" type="text"/>		

**Please complete one box for each child.**  
**Mark your first preference and your second preference**

			<b>Year Long - Option 2</b>	<b>HS-Opt. 3</b>	
Student's Full Name Please Print – No Nicknames	Date of Birth	Grade in Sept. 2022	Sess. A Monday <b>3:45</b> -4:45pm Grs. K-4	Sess. B Monday <b>5:15</b> -6:30pm Grs. K-8	Home School Grs. K-8

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

			<b>Year Long – Option 2</b>	<b>HS-Opt. 3</b>	
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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). \_\_\_\_\_

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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). \_\_\_\_\_

<b>For office use only:</b> Total paid _____ Cash _____ Check # _____ PG _____ Date: _____ Processed by: _____
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**CHRIST THE KING RELIGIOUS EDUCATION PROGRAM**

200 Windsor Ave., Haddonfield, NJ, 08033

**Year 2022-2023**

**Year 2022--2023**

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

**FAMILY LAST NAME** \_\_\_\_\_ **Phone** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_ **ZIP** \_\_\_\_\_

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

1. Student name \_\_\_\_\_ Health concerns/allergies \_\_\_\_\_

2. Student name \_\_\_\_\_ Health concerns/allergies \_\_\_\_\_

3. Student name \_\_\_\_\_ Health concerns/allergies \_\_\_\_\_

4. Student name \_\_\_\_\_ Health concerns/allergies \_\_\_\_\_

Please Print or Type

**Emergency Information**

In case your child is ill and we are unable to contact you, please provide the name of a relative or friend who 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:** \_\_\_\_\_