FAITH FAMILY AND RELIGIOUS FORMATION REGISTRATION FORM 2026-2027

Office Use Only

Paid: _____ **Balance:** _____
Ck # _____ **Cash:** _____
Date _____

PLEASE PRINT

Parent Name(s): _____

Address: _____

City:_____ State:____ Zip:_____ Phone #: _____ Email: _____

Please check here if you wish to have duplicate information sent to another address: _____

Relation to child: _____ Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cellphone: _____

_____I am willing to help instruct the students and take a small class

Registration fees if received by September 1, 2026

$40/ per student $100/three or more students

(waived if parent is a volunteer catechist or teacher)

Sacrament Information: Please attach a baptismal certificate for any student who will be receiving First Eucharist (2026-2027) or who will be Confirmed during the 2026-2027 school year.

Returning Student	Grade	Name of School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list any <u>new</u> students to the program below: Children entering pre-school must be 4 years old by August 1.

Name:_____ Grade Level (2026-2027):_____ Date of Birth: _____

Name of School:_____ Baptism Yr: _____ 1St Eucharist Yr _____

Name:_____ Grade Level (2026-2027):_____ Date of Birth: _____

Name of School:_____ Baptism Yr: _____ 1St Eucharist Yr _____

Our expectation is that all parish children are schooled in parish schools of religion. The sacrament of Reconciliation and the sacrament of Eucharist (First Communion) are usually celebrated in the second grade year. If you child has not been in a formal religious education setting, such as a school or parish religious education program, additional catechesis will be necessary before reception of the sacraments. The sacrament of Confirmation is usually celebrated in the fall of the eighth grade year

Christ the King Religious Education Program
52473 Indiana State Road 933
South Bend, Indiana 46637

Note: Parents must sign either the Consent to Emergency Medical Care or the Refuse to Consent to Emergency Medical Care.

Consent to Emergency Medical Care

Name of Child_____

In the event that reasonable attempts to contact me at (Phone #)_____

or (Name of Secondary Contact)_____

at (Phone #)_____ have been unsuccessful, I hereby give my consent for:
1. The administration of any treatment deemed necessary by

(Name of Preferred Physician) Dr._____ phone #:_____
or

(Name of Preferred Dentist) Dr. _____, phone #: _____
or
in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

2. The transfer of the child to (Preferred Hospital) _____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery are obtained before surgery is performed.

My health insurance carrier is _____ Policy/Group/Claim #_____

The following include allergies the child may have, any medication the child may be taking and any other facts to which a physician or dentist should be alerted
to:_____

_____

_____ _____
Date Parent / Guardian Signature

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