

Faith Formation Classes Registration Form Sunday Morning 11:05 a.m. to 11:55 a.m. $(K-8^{th}\ Grade)$

		Paren	t Information		
Family Name:					
Address:					
Stree			City	Zip	
Father's Name:	:		Religion:		
Mother's Name: _			Religion:		
Marital Status:	☐ Married	☐ Divorced	☐ Remarried	Other	
If divorced,	custodial parei	nt:			_
If remarried	, step-parent: _				_
Father's Phone:		Ema	nil:		
Mother's Phone: _		Ema	il·		
-					
Emergency Contac					
Emergency Contac	t: Name		Relationship		Phone #
Emergency Contact Our Faith Format talents with our your will held to Some Source of Contact talents with the source of Source of Contact talents with source of Source of Contact talents with source of Source of Source of Contact talents with source of So	nt: Name ion Program n	needs many vo oners, please i ving area:	Relationship		Phone #
Emergency Contact Our Faith Format talents with our you will help of Contact to State of Contact talents with our you will be so State of Contact talents with the sound will be so Sta	Name Name ion Program nounger parishion in the follow tatechists ubstitute tatechist Assist office/Hall Mon	needs many vo oners, please i ving area: ant nitor	Relationship	would like	Phone # to share your time
Emergency Contact Our Faith Formate talents with our your will help of the second of	Name Name ion Program nounger parishion in the follow tatechists ubstitute tatechist Assist office/Hall Mon	needs many vo oners, please i ving area: ant nitor rent is volunteerin	Relationship olunteers. If you indicate below:	would like	Phone # to share your time

Make checks payable to – Christ the King Parish. If you are unable to afford this amount or are unable to pay at this time, please call the Parish Office to make arrangements. Send to Christ the King Parish, c/o Sandi, 4100 Harvest Lane, Toledo, Ohio 43623

\$50 - Confirmation

Name: _____ Grade 22/23: ___ School: Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation Special Concerns: (i.e. Learning Disability, ADD, ADHD) Explain: Student Media Consent: ☐ Yes ☐ No Student Information - 2 Name: _____ Grade 22/23: _____ School: Sacraments Received: □ Baptism □ Reconciliation □ Eucharist □ Confirmation Special Concerns: (i.e. Learning Disability, ADD, ADHD) Explain: ____ ☐ Yes □ No Student Media Consent: Student Information - 3 Name: _____ Grade 22/23: _____ School: Sacraments Received: ☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation Special Concerns: (i.e. Learning Disability, ADD, ADHD) Explain: ☐ Yes Student Media Consent: □ No _____ For Office Use Date Form Received: _____ Date Fee Received: _____

Student Information - 1