

CHURCH OF CHRIST THE KING

P.O. Box 368 16 Blue Mill Road
New Vernon, NJ 07976
(973) 539-4955 Fax (973) 267-7070

**RELIGIOUS EDUCATION PROGRAM 2011-2012
GRADES KINDERGARTEN thru EIGHT**

REGISTRATION FORM

List children according to their September 2011 grade level

CHILD'S FULL NAME	Grade	SCHOOL	Indicate program choice by circling an option for each child
			CLASSROOM or FAMILY-BASED
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			CLASSROOM or FAMILY-BASED

Mother's Name: _____ Father's Name: _____

Mother's E-mail: _____ Father's E-mail: _____
E-mail is our primary form of communication

Mailing Address: _____

Home Phone: _____ Cellular Number: _____

CLASSROOM RELIGIOUS EDUCATION SESSIONS

(Providing we have volunteer catechist. Contact Maura if you are interested in teaching this year.)

Grades 1 - 4 - Weekly Wednesday 3:45pm – 5:00pm

Grades 5 - 8 - Sunday (as scheduled) 5:30pm - 8:00pm (Beginning with 5:30pm Sunday Evening Mass.)

Please check the box to the left if you are willing to volunteer.

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____ Cellular Number: _____

Parent/ Guardian's Signature: _____

FAMILY-BASED RELIGIOUS EDUCATION SESSIONS

Friday Evening Program (Monthly) 6:00pm – 8:00pm
(and 11:00am Sunday Mass)

Sunday Morning Program (Monthly) 9:15am – 12:00nn
(Includes 11:00am Liturgy)

Please check the box to the left if you are willing to volunteer.

REGISTRATION FEE: \$150 for one child/ \$225 per family

Please make checks payable to the Church of Christ the King

REGISTRATIONS RECEIVED AFTER AUGUST 15 PLEASE ADD A \$50 LATE FEE

Is the family registered as parishioners of Christ the King? Yes No

Does your child have any special needs we should be aware of? *If yes, please list on back.*

Kindergarten - Sunday (monthly as scheduled) 10am - 10:45am *Registration fees do not apply.*

This program is an optional learning opportunity for any child in Kindergarten and their parents.

Name of child participating in the Kindergarten program: _____