

2017/2018 CHILDREN / YOUTH RELIGIOUS EDUCATION PROGRAM**Christ the King (2301 Colston Dr, Silver Spring Md, 20910) Tel:301-495-2306**

Sundays 9:00 am -10:15 am / Classes will begin September 17th

(Parents, Children and Catechists are asked to attend 10:30 mass. Pews at the church will be reserved for children and catechists).

Registration Fee
\$50.00Paid _____
Received _____

GRADE LEVEL _____

_____ CCD PROGRAM: CONFRATERNITY OF CHRISTIAN DOCTRINE/ RELIGIOUS EDUCATION PROGRAM FOR CHILDREN

Ages: 5-14 (K-8th grade level)

_____ RCIA-C PROGRAM: RITE OF CHRISTIAN INITIATION FOR CHILDREN

Ages: 7-17 years of age (2nd-12th Grade level)**STUDENT BASIC INFORMATION**

Date: _____

Full Name of Student: _____
First Name *Middle Name* *Last Name*

Status: new student _____ returning student _____ coming from another CCD Program (please provide the name) _____

Gender: Male ___ Female ___ DOB: _____ TEL: _____

School Name _____ County/ City _____

Age as of 9/17/2017 _____ School Grade (2017/2018) _____

Country where your child was born: _____

Child lives with: Both Parents ___ Mother only ___ Father only ___ Shared custody,

2 separate homes ___ Guardian ___ Other, please specify: _____

Allergies, special needs or health conditions that we need to be aware of: _____

Is your child eligible for special education services at his/her regular school? _____

If your answer is yes, please explain _____

Child Hobbies: _____

SACRAMENTAL INFORMATION

If your child has received any of these Sacraments, please provide the name of the church and the date when he/she received them: Sacraments received in the Catholic Church:

Baptism _____

Eucharist _____

Confirmation _____

Was your child baptized in another Christian tradition? please explain _____

Write the name(s) of the Sacraments that your child needs: _____

Catechists will ask for your child Baptism certificate before the end of the year

PARENTS INFORMATION

Mother's Full Name: _____
First Name Middle Name Last Name

Address: _____

Email address: _____ Cell phone: _____

Primary Language(s) spoken at home: _____ Religion: _____

Marriage status: Married__ Divorced__ Separated__ Single__ other_____

Sacraments received in the Catholic Church: Baptism__ Reconciliation__ Eucharist__ Confirmation__ Marriage__

I would like information about receiving these sacraments: Yes__ No__

Father's Full Name: _____
First Name Middle Name Last Name

Address, if different: _____

Email address: _____ Cell phone: _____

Primary Language(s) spoken at home: _____ Religion: _____

Marriage status: Married__ Divorced__ Separated__ Single__ other_____

Sacraments received in the Catholic Church: Baptism__ Reconciliation__ Eucharist__ Confirmation__ Marriage__

I would like information about receiving these sacraments: Yes__ No__

EMERGENCY CONTACT

Name: _____ Telephone: _____
First Name Last Name Relationship

DISMISSAL AUTHORIZATION

I authorize my child(ren) to be dismissed in the following manner:

- ___ 1. To both parents on this form.
- ___ 2. To only one parent specified here: _____
- ___ 3. My child(ren) is/are old enough to sign themselves out.
- ___ 4. Other: _____

VOLUNTEER OPPORTUNITIES

As parent, I want to contribute with my time, talents and treasure by selecting the following volunteer opportunities:

- ___ Catechist/ Aid: children, youth or adult
 - ___ Office Support
 - ___ Catechist Appreciation
 - ___ Assist with Christ the King Feast before Advent Season
 - ___ Assist with harvest day feast at the end of May
 - ___ Assist with another special event
- Any other talent such as painting, landscape, carpentry? Please explain _____

PARISH AFFILIATION

Our family is registered at Christ the King. Yes__ No__
If no, are you registered at another parish? Yes__ No__
Would you like to register at Christ the King? Yes__ No__

MASS ATTENDANCE

Our family regularly attends Sunday Mass. Yes__ No__
We attend the following Sunday Masses at Christ the King:

Saturday Vigil: 4:00PM _____
Sunday: 8:30AM _____, 10:30 AM _____

MEDIA AUTHORIZATION

When my child participates in Christ the King Religious Education Program, he/she may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials in print or electronically for either Christ the King or the Archdiocese of Washington. The images will be the sole property of Christ the King or the Archdiocese of Washington.
I give my permission, parent's initials _____

Mother/Guardian signature: _____ **Date:** _____

Father/Guardian signature: _____ **Date:** _____