

**2019-2020  
Pre-School  
Youth Faith Formation**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Please note any special information we need to be aware of:**

**(Food Allergies, Learning Disabilities, Physical Needs)** \_\_\_\_\_

\_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City / State / Zip Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Our Family is Registered at Christ the King      Yes \_\_\_\_\_ No \_\_\_\_\_

**Classes begin Sunday, September 8<sup>th</sup> at 10:30 am**

**\*Enrollment preference is given to registered parishioners of Christ the King.**

**Space is limited and placement is made on a first come basis.**

**If classes are filled, your child will be placed on a waiting list.**

**Registration Fees**

\$40.00 per student

\*Please make checks payable to Christ the King Catholic Church

Because ministering to our children is so important, teachers and classroom aids are needed. Please contact me if you are interested in being part of a classroom teaching team. All volunteers must participate in an online training session entitled **"CMG Connect"**

Go to [www.dolr.org/safe-evirment](http://www.dolr.org/safe-evirment) or [littlerock.CMGconnect.org](http://littlerock.CMGconnect.org) for training information.

**Return This Completed Form To**

Christ the King Catholic Church  
Attention: Nila Cassandra  
4000 N. Rodney Parham Road  
Little Rock, AR 72212  
TEACHERS

**For Additional Information Contact**

Nila Cassandra  
225-6774 #283

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**For Office Use**

Fee Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_