**2019-2020**

**CHRIST THE KING**

**YOUTH FAITH FORMATION**

KINDERGARTEN **–** HIGH SCHOOL

**Classes Begin Sunday, August 25th from 9:15 a.m. – 10:15 a.m.**

1**.** **Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB/Age: \_\_\_\_\_\_\_\_\_\_School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Entering \_\_\_\_\_

**Sacraments Received:**  Baptism Reconciliation Holy Communion Confirmation

2. **Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB/Age: \_\_\_\_\_\_\_\_\_\_School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade Entering) \_\_\_\_\_

**Sacraments Received:** Baptism Reconciliation Holy Communion Confirmation

3. **Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB/Age: \_\_\_\_\_\_\_\_\_\_School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering \_\_\_\_\_

**Sacraments Received:**  Baptism Reconciliation Holy Communion Confirmation

4. **Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB/Age: \_\_\_\_\_\_\_\_\_\_School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Grade Entering \_\_\_\_\_

**Sacraments Received:**  Baptism Reconciliation Holy Communion Confirmation

***If your child will be celebrating the Sacrament of First Reconciliation, First Communion or Confirmation a copy of the Baptismal Certificate Must be Supplied.***

**FAMILY INFORMATION;**

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City/State/Zip Code

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other/Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status: Married Separated Divorced**

(If separated/divorced, does your child(ren) spend time with non- custodial parent?)

Yes No **Please let us know if this will effect class attendance.**

**Is Father Catholic?**  Yes No

**Is Mother Catholic?**  Yes No

**I have child(ren) not baptized within the Catholic Church**

Our family is registered at Christ the King Yes No

Our family attends church Regularly Sometimes

***Registered Parishioners of Christ the King are Given First Preference in Enrollment***

***for Sunday Faith Formation Classes.***

**All Families with children preparing for Sacraments**

**must be registered members of Christ the King!**

**Religious Education for those New to Christ the King**

Has your child(ren) attended a religious formation/education program in another parish?

Yes No If yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Content of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs:**

Is there any Special Information that will Help us Minister to your Child in the Classroom?

**(Learning Disabilities, Physical Needs, etc.)**

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INFO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INFO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All parents of students in Youth Faith Formation are asked to contribute to the success of the program. We have listed numerous ways for you to be involved. Please write your name next to the ministry in which you are interested.**

\_\_\_\_\_**Catechist:** to teach weekly in the classroom with students.

\_\_\_\_\_ **Substitute Catechist:** to teach in the classroom whenCatechist in not available.

\_\_\_\_\_ **Classroom Helper:** to assist the catechist in the classroom.

\_\_\_\_\_ **Safety Monitors:** this is an opportunity to help with drop- off and pick-up of

students as well as monitoring the hallways during class time.

**All VOLUNTEERS:**

**That Have Routine Contact with Minors are Required by the**

**Diocese of Little Rock to be “CMG Connect” trained.**

**Go to**[www.dolr.org/safe-evironment or littlerock.CMGconnect.org](http://www.dolr.org/safe-evironment%20%20or%20%20littlerock.CMGconnect.org)

**for online training information**

**\*Volunteer Previously Trained: Father**  Yes No **Mother** Yes No

**REGISTRATION FEE:**

**$40.00 PER STUDENT**

**RETURN COMPLETED FORM AND REGISTRATION FEE TO:**

Christ the King Catholic Church

Attention: Nila Cassandra

4000 N Rodney Parham Rd.

Little Rock, AR 72212

**FOR ADDITIONAL INFORMATION CONTACT:**

Greg Donaldson 225-6774 ext. 284 or Nila Cassandra 225-6774 #283