

**Christ the King Catholic Elementary School  
REGISTRATION FOR 2023-2024 SCHOOL YEAR**

**Family/Contact Information**

Family Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

Check here if City/State/Zip is Philadelphia, PA 19114     Other: City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Current Parish:  Christ the King     Other: \_\_\_\_\_    Does a custody order exist?     yes     no

Mother / Father / Guardian First/Last NAME (as applicable)	Religion	Primary Phone #	Cell Phone #	eMail Address

**Student Information (for school year 2023-2024)**

1.	Student's FIRST Name: _____ Student's LAST Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Current Grade: _____ DOB: ___/___/___ School Transferred from (K if applicable): _____ Baptized: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___ 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___ Confirmed: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___
2.	Student's FIRST Name: _____ Student's LAST Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Current Grade: _____ DOB: ___/___/___ School Transferred from (K if applicable): _____ Baptized: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___ 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___ Confirmed: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___
3.	Student's FIRST Name: _____ Student's LAST Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Current Grade: _____ DOB: ___/___/___ School Transferred from (K if applicable): _____ Baptized: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___ 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___ Confirmed: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___
4.	Student's FIRST Name: _____ Student's LAST Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Current Grade: _____ DOB: ___/___/___ School Transferred from (K if applicable): _____ Baptized: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___ 1 <sup>st</sup> Communion: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___ Confirmed: <input type="checkbox"/> Yes    Church: <input type="checkbox"/> CTK <input type="checkbox"/> Other: _____ Date: ___/___/___