

CHRIST THE KING FAITH FORMATION AND YOUTH MINISTRY

New Student Registration

Tel: 518-464-4776 – ljensen@ctkparishny.org

Family Name: _____ Telephone # _____

Address: _____ City: _____ Zip: _____

PARENT INFORMATION

EMAIL ADDRESS : _____

Mother's Name: _____

Father's Name: _____

Maiden Name: _____

Father's Job: _____

Mother's Job: _____

Mother's Work #: _____

Father's Work #: _____

Mother's Cell #: _____

Father's Cell #: _____

Mother's Religion: _____

Father's Religion: _____

Status: Married Separated Divorced Remarried
Single
(Circle One)

Status: Married Separated Divorced Remarried
Single
(Circle One)

Same Address? _____

Same Address? _____

(1st) NEW STUDENT INFORMATION

First, Middle, Last _____ Gender: Male / Female

School: _____ Sept. 2020 Grade _____

Date of Birth: ____ / ____ / ____ Place of Birth (City/State) _____

Health Concerns/Allergies: _____

Special Learning Needs, IEP, etc...: _____

Baptism Date: ____ / ____ / ____ Church: _____

City: _____ State: _____

1st Eucharist Date: ____ / ____ / ____ Church: _____

City: _____ State: _____

Confirmation Date: ____ / ____ / ____ Church: _____

City: _____ State: _____

In the event of an emergency and Parents cannot be reached, please contact this local person:
Name/Relationship: _____ Telephone: _____

Address: _____

Additional New Student Information - OVER

(2nd) NEW STUDENT INFORMATION

First, Middle, Last	_____	Gender:	Male / Female
School:	_____	Sept. 2020 Grade	_____
Date of Birth:	/ /	Place of Birth (City/State)	_____
Health Concerns/Allergies:	_____		
Special Learning Needs, IEP, etc..:	_____		
Baptism Date:	/ /	Church:	_____
City:	_____	State:	_____
1st Eucharist Date:	/ /	Church:	_____
City:	_____	State:	_____
Confirmation Date:	/ /	Church:	_____
City:	_____	State:	_____

(3RD) NEW STUDENT INFORMATION

First, Middle, Last	_____	Gender:	Male / Female
School:	_____	Sept. 2020 Grade	_____
Date of Birth:	/ /	Place of Birth (City/State)	_____
Health Concerns/Allergies::	_____		
Special Learning Needs , IEP, etc..:	_____		
Baptism Date:	/ /	Church:	_____
City:	_____	State:	_____
1st Eucharist Date:	/ /	Church:	_____
City:	_____	State:	_____
Confirmation Date:	/ /	Church:	_____
City:	_____	State:	_____