Christ The King Mission

Religious Ed. Registration

10601 Daisy Vestry Rd, Vancleave, MS 39565

Term:

ly Last Haine.		Date:	
City, ST Postal:		Both Parents Catholic? Ye	es / No
DENT #1 INFOR	MATION		
Child Name:		Catholic?	Yes / No
Gender:	☐Male ☐Female	Sacrament Details	Check & Date All Below
		☐Baptism:	
Birth Date:			
Grade:		Eucharist:	
Grade: Session: Class:		☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation:	
Grade: Session: Class:	(Medical, Learning Disabilities,	☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation:	
Grade: Session: Class: Special Needs	(Medical, Learning Disabilities,	☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation:	
Grade: Session: Class: Special Needs DENT #2 INFOR	(Medical, Learning Disabilities,	☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation: Physical Disabilities, etc):	Yes / No
Grade: Session: Class: Special Needs DENT #2 INFOR Child Name: Gender:	(Medical, Learning Disabilities,	☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details	Yes / No
Grade: Session: Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, MATION □ Male □ Female	☐ Eucharist: ☐ Reconciliation Prep: ☐ Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details ☐ Baptism:	Yes / No
Grade: Session: Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, MATION Male Female	□ Eucharist: □ Reconciliation Prep: □ Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details □ Baptism: □ Eucharist:	Yes / No Check & Date All Below
Grade: Session: Class: Special Needs DENT #2 INFOR Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities, MATION □ Male □ Female	□ Eucharist: □ Reconciliation Prep: □ Confirmation: Physical Disabilities, etc): Catholic? Sacrament Details □ Baptism: □ Eucharist: □ Reconciliation Prep:	Yes / No Check & Date All Below

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$_____ Tuition PAID: \$_____ Signature: ____

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Term:

Additional Students

Tuition DUE: \$_____

Child Name:	Catholic?	Yes / No
Gender: ☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:	Baptism:	
Grade:		
Session:		
Class:		
Special Needs (Medical, Learning Disabilities	s, Physical Disabilities, etc):	
ENT #4 INFORMATION		
Child Name:	Catholic?	Yes / No
Gender: ☐Male ☐Female	Sacrament Details	Check & Date All Below
Birth Date:	Baptism:	
Grade:		
Session:		
Class:		
Special Needs (Medical, Learning Disabilities	s, Physical Disabilities, etc):	
ENT #5 INFORMATION		
Child Name:	Catholic?	Yes / No
Gender: Male Female	Sacrament Details	Check & Date All Below
	Baptism:	
Birth Date:		
Birth Date:Grade:		
Grade:	Eucharist:	
	Eucharist: Reconciliation Prep:	

Tuition PAID: \$_____ Signature: ___