



Christ the King Catholic Community
Office of Religious Education
200 Windsor Ave., Haddonfield, NJ, 08033
Phone: 856-429-1600 ~ Fax: 856-429-2734
ctkreligioused@christ-the-king-parish.org
www.christ-the-king-parish.org

Dear Parents,

Enclosed is a 2011-2012 Religious Education registration packet. All children must be re-registered each year. ***Please complete one Registration packet per Family and submit it to the Religious Education Office WITH THE TUITION before July 31, 2011. No registrations WILL BE ACCEPTED the first day of class.*** Returning families with first grade students in **September, 2011** must also include a copy of the child's baptismal certificate if they were not baptized at Christ the King.

NEW students must have a copy of their Baptismal Certificate included with the registration form. **TRANSFER** students need to present a letter from their prior parish stating completed religious education instruction and sacraments along with a copy of their Baptismal Certificate.

All classes are held on Monday in Christ the King Catholic School. Class and time accommodations are based on a first come basis. Class size is limited. Register early so as not to be disappointed. Our schedule is as follows:

3:45 - 4:45 Grades K thru 4
5:15 - 6:30 Grades 1 thru 8
7:00 - 8:15 Grades 5 thru 8

Tuition: \$ 160.00 per child.

Payments received after August 1st are to include a \$25 late fee.

Please Note: Payment is due at time of registration. No child will be placed in a class, or a class spot held, until payment is made.

For students preparing for the sacraments of Holy Eucharist and Confirmation, there will be an additional activity fee payable at a later date. Information regarding this additional activity fee will be discussed during the Sacramental parent meetings.

You may register in one of two ways:

1. Register in-person in the religious education office Monday through Thursday
2. Mail completed forms and payment to: Christ the King Catholic Community
Office of Religious Education
200 Windsor Ave
Haddonfield NJ 08033

We ask that you also contact the Religious Education office if you will not be returning next year. This is a tremendous help for our record keeping and will also allow for proper notification of all sacraments and completed course work to your new parish.

If you have any questions, or if I can be of any assistance, please do not hesitate to contact me at 856-429-1600 x108.

In Christ,
Kathleen L. Isherwood, SDS
Director of Religious Education

Christ the King Parish - Religious Education Registration – (2011-12)

200 Windsor Avenue, Haddonfield, NJ 08033-1421 (856) 429-1600 ext. 108 ~ ctkreligioused@christ-the-king-parish.org

Family: _____ Date: _____

Home Phone: _____ Cell phone: Mom _____ Dad _____

Address: _____

Email: _____

Other Parent name and address, if different from above: _____

_____ Rel Ed mailing to other parent? _____

Registered at Christ the King Parish? _____ If you not registered, you must register or provide a letter from your current parish

Please complete one box and session selection for each child.

Child's Full Name Please Print - No Nicknames	Date Of Birth	Grade In Sept.	Sess. A Mon 3:45 Grd. K-4	Sess. B Mon 5:15 Grd. 1-8	Sess. C Mon 7:00 Grd. 5-8
_____	_____	_____	_____	_____	_____
Special Needs: _____					
<i>Note: Please provide any information that will aid in your child's learning experience</i>					

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_____	_____	_____	_____	_____	_____
Special Needs: _____					
<i>Note: Please provide any information that will aid in your child's learning experience</i>					

For office use only: Total enclosed: _____ Check # _____ Date: _____ Processed by: _____
 Incomplete paperwork; family contacted: _____
 Paperwork Complete; child placed: _____

CHRIST THE KING RELIGIOUS EDUCATION PROGRAM

200 Windsor Ave., Haddonfield, NJ, 08033

Emergency Medical Authorization Form

YEAR 2011-2012

FAMILY LAST NAME _____ Phone _____

ADDRESS _____

CHILDREN'S NAMES AND GRADES

- | | | | |
|----------|-------------|----------|-------------|
| 1. _____ | Grade _____ | 2. _____ | Grade _____ |
| 3. _____ | Grade _____ | 4. _____ | Grade _____ |
| 5. _____ | Grade _____ | 6. _____ | Grade _____ |

PURPOSE

To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the authority of the Religious Education Program when parents or guardians *cannot* be reached.

In the event reasonable attempts to contact me at _____ (phone)

or _____ (emergency phone) have been unsuccessful, I hereby give my consent for

(1) the administration of any treatment deemed necessary by *preferred physician*,

Dr. _____ Phone _____

or by *preferred dentist*, Dr. _____ Phone _____,

or in the event the designated preferred physician is not available, by another licensed physician or dentist.

(2) the transfer of the child to *preferred hospital* _____ or any

hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Please list facts concerning each child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

Date _____ Signature of Parent or Guardian _____

REFUSAL OF CONSENT (Do NOT complete if you completed top portion)

I do not give my consent for emergency medical treatment of my child/ren. In the event of illness or injury requiring emergency treatment, I wish the Rel. Ed. Authorities to take NO ACTION or to:

Date _____ Signature of Parent or Guardian _____

Faith Formation Promise of Commitment
Christ the King Catholic Community

Recognizing that my involvement as a parent is of special importance in my child's faith development...

We, the _____ family will:

- Attend class weekly, coming prepared to participate and learn
- Complete all assignments given in class
- Participate in the sacramental life of the parish
- Participate in all activities (ie: Reconciliation, Stations, mass, religion fair) that are part of the parish faith formation process
- Participate in Christian service, reaching out to help others
- Pray together as a family

Signatures:

Parent: _____

Child: _____

Child: _____

Child: _____

Child: _____

CHRIST THE KING RELIGIOUS EDUCATION

200 WINDSOR AVENUE, HADDONFIELD, NJ 08033



Dear Parents/Guardians,

It is our hope that you will seriously consider becoming part of the Religious Education/Life Long Faith Formation Process here at Christ the King Parish. We are always in great need of catechists and other volunteers. **Please don't dismiss this request with the thought that someone else will volunteer.** With few exceptions, our pool of catechists is drawn from the parents of our students. Parents have the greatest investment in the religious education of their children. The more catechists and volunteers we have, the smaller the class size can be.

Christ the King Parish is here to assist **YOU** in the religious education of your children as **YOU** are the primary educator of your child in the ways of our faith. **WE**, the parish staff and catechists, are here to assist you in this role. We cannot do it without parents/guardians who are willing to make the sacrifice of time so that the message of Christ can be brought to all our children.

If you feel the desire to be a catechist in your heart, know that we will help you in every way possible. What we ask is that you have an ongoing relationship with Christ and the ability to share this relationship with others. While book knowledge is important, children will find you credible if they "experience" that you have a personal relationship with our Lord.

If you are able to help us in another way, please indicate that on this form, also. PLEASE DO NOT PUT THIS PAPER ASIDE. PONDER IT, PRAY OVER IT, AND KNOW THAT **YOU** ARE NEEDED. May God bless!



RELIGIOUS EDUCATION "Help Wanted" FORM

Please check as many appropriate items that apply and return this form with your Registration.

"Many hands make light work!!!"

_____ Yes, I am willing to become a catechist.

My grade level preference is _____ Session: _____ 3:45 _____ 5:15 _____ 7:00

_____ I am willing to become a weekly aide in grade _____ Session: _____ 3:45 _____ 5:15 _____ 7:00

_____ I would like to be a substitute catechist for the following session(s): _____ 3:45 _____ 5:15 _____ 7:00

_____ Yes, I am willing to be on the First Eucharist Prayer and Share Day Committee to prepare materials for the day.

(Looking for volunteers from all grade levels since 2nd Grade Parents need to accompany their children that day.)

_____ I would like to volunteer to be a hall monitor during _____ 3:45 _____ 5:15 _____ 7:00

_____ I would like to volunteer to help as a crossing guard during _____ 3:45 _____ 5:15 _____ 7:00

_____ I would like to volunteer to help with service projects

_____ I would like to volunteer to help with vacation bible school (2nd week of Aug)

_____ I would like to volunteer to help with Children's Liturgy of the Word _____ 9:00 _____ 11:00

_____ I have other gifts that I would like to offer to the program.

These gifts are: _____



Name _____ **Phone** _____

Email _____