



## CHRIST THE KING CATHOLIC SCHOOL

1500 Kingsway Drive, Madisonville Kentucky 42431

Phone: (270) 821-8271; Fax: (270) 825-9394

## REGISTRATION FORM 2025-2026

### Pre-Kindergarten-Fifth Grade

Please fill in all data and return to the school office. A \$100 non-refundable registration fee per child must accompany this form.

#### Student Information:

Legal Name: \_\_\_\_\_

First

Middle

Last

Preferred Name

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Race (Check One):

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- White
- Two or More Races
- Native Hawaiian/Pacific Islander

Entering Grade: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Religion (Circle One): Catholic Non-Catholic

If Catholic, Parish: \_\_\_\_\_

#### Ethnicity (Check One):

- Non-Hispanic
- Hispanic

Student lives with (Circle One):  
Both Parents   Mother   Father   Other: \_\_\_\_\_

School Attended in 2024-2025 School Year and Grade Level Completed: \_\_\_\_\_

Will the Child attend Christ the King After-Care Program? Yes/No

#### Student's Medical History

#### Child's Name \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone# \_\_\_\_\_

Preferred Hospital Name and City/State: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone # \_\_\_\_\_

Does the child have any allergies/dietary restrictions: Yes/No      If yes, please explain: \_\_\_\_\_

Does your child take any medication regularly: Yes/No      If yes, please explain: \_\_\_\_\_

List any and all special or unusual medical or health conditions: \_\_\_\_\_

**Father/Guardian #1:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Religion/Church: \_\_\_\_\_  
If Catholic, Parish: \_\_\_\_\_

**Mother/Guardian #2:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Religion/Church: \_\_\_\_\_  
If Catholic, Parish: \_\_\_\_\_

**Other Persons Authorized to Be Contacted and Can Pick Up Your Child In An Emergency. Parents are First Contact.**

Name	Relationship	Phone	Check Out
_____	_____	_____	Yes/No
_____	_____	_____	Yes/No
_____	_____	_____	Yes/No
_____	_____	_____	Yes/No
_____	_____	_____	Yes/No

**In the event of any accident or illness, the school policy is to notify the child's parents and let the parent provide necessary medical attention. If the school is unable to reach either parent or other individual listed, please specify procedures you wish followed:**

  

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**Under no circumstances will your child be released to anyone not known to school personnel without authorization from the parent/guardian. Unknown person will be asked for their identification. NOTE: It is legal for either parent to pick up a child unless the school has a notarized copy of a court order restricting visitation of either parent.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_