



CHRIST THE KING CATHOLIC SCHOOL

1500 Kingsway Drive, Madisonville Kentucky 42431

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

REGISTRATION FORM 2026-27

Pre-Kindergarten-Eighth 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: _____

Entering Grade: _____ Baptismal Date: _____

Social Security Number: _____

Religion (Circle One): Catholic Non-Catholic

If Catholic, Parish: _____

Student lives with (Circle One):

Both Parents Mother Father Other: _____

Race (Check One):

___ American Indian/Alaska Native

___ Asian

___ Black/African American

___ Hispanic/Latino

___ White

___ Two or More Races

___ Native Hawaiian/Pacific Islander

Ethnicity (Check One):

___ Non-Hispanic

___ Hispanic

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:

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** _____