

Fees for Religious Education Program:

Registration fees pay only a small part of the cost of our Religious Education program.

Listed below is the fee schedule for the coming year. Anyone who is unable to pay the fee, please contact Father Steve Smith, Julie Bennett, Coordinator of Religious Education or Shileng Yang, Youth Formation Director at 838-9797. All parish members are welcome, regardless of the ability to pay.

We would appreciate payment when you register. Checks can be made payable to Christ the King Parish.

	Registered Parishioner	Not Registered
<u>Families with Children in Grades Pre-K-12</u> <i>(Child must be 4 years old by Sept. 1 to be enrolled in Pre-K and High School is for Grades 9 & 10)</i>		
Single Child	\$105	\$155
Family	\$150	\$250
Confirmation Fee (Grade 11 only)	\$100	\$100

These fees include materials and fees for the Generations of Faith Program also.

Home Schooled Children

If you are choosing to home school your children, we ask that you register them as being home schooled.

	With Text	Without Text
One Child	\$85	\$65
Each additional child	\$20	\$0

This fee covers mailings, Youth Ministry/Kids of Faith activities, and the Generations of Faith program.

I am home schooling my child(ren) listed here: (Please include grade) _____

Scholarship Fund

I would like to contribute this amount, \$ _____, to the Scholarship Fund for those families who cannot afford Religious Education fees.

Authorization to Consent to Treatment for Minor

I, the undersigned parent or legal guardian of children listed on this registration, who are minors, do hereby consent (in the event I cannot be reached) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and is to be rendered under the general supervision of a physician or surgeon. It is understood that this authorization is given in advance of any specific diagnosis of treatment being required. It is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable and neither the physician, surgeon, or any organization involved assumes any financial responsibility for acting under the authority granted by this consent authorization.

In the event of any minor illness or injury during the above mentioned event, the undersigned hereby grants authority to be exercised at the discretion of any adult leader, to dispense over-the-counter medication (Tylenol, Pepto-Bismol, cough medicine, etc.) and/or administer first aid as needed. If you do not wish medication to be dispensed, please cross out the preceding line.)

Insurance Information:

➤ Signature of parent/guardian _____

Print name _____

Policy in the name of _____

Insurance Company _____ Policy Number _____

Date _____

Office Use Only

Tuition Fee: Cash ____ Check # _____

Donation Toward Religious Education Scholarship Fund: _____

Amount Paid: \$ _____ Date _____