CHRIST THE KING CATHOLIC CHURCH

FAITH FORMATION OFFICE

(301)-495-2306 | 2301 Colston Dr. Silver Spring MD 20910 | ctk.parish@icloud.com

2026-2027 | Classes will begin on Sunday, September 22, 2026

Tuition Fee: $60 .00 Payable with cash and check only.

*******IF YOU ARE REGISTERING YOUR CHILD FOR COMMUNION OR CONFIRMATION, PLEASE SUBMIT A COPY OF THE BAPTISM CERTIFICATE ALONG WITH THIS FORM*****

Our adult program & Matrimony classes are instructed by Father Stephen.

Please contact him to confirm start date and time

STUDENT BASIC INFORMATION * This information will remain confidential

Student Full Name: _____ First Name Middle Name Last Name	**Date:**	**Gender (Check one)** Male ____ Female ____
DOB:	**Phone #:**	**Email:**
Address:	**Country of birth:**	
School Name:	**Grade:**	**Age as of 9/22/2026:**
Emergency Contact Name	**Phone #:**	**Relationship:**
Please indicate any need/disability/ or Allergies we should know:		

SACRAMENTAL INFORMATION for Applicant

Status (Check one) New student ☐ Returning Student ☐ Coming from another CCD Program:_____

Baptized: Yes or No	**Date:**	**Church name:**
First Communion : Yes or No	**Date:**	**Church name:**

MOTHER (mother ☐ stepmother ☐ guardian ☐)	**FATHER** (father ☐ stepdad ☐ guardian ☐)
Full Name:	**Full Name:**
Preferred phone number:	**Preferred phone number:**
Email:	**Email:**
Country of origin:	**Country of Origin**
Religion:	**Religion:**
Address:	**Address:**

Student lives with **Both Parents ☐** **Mom only ☐** **Dad only ☐** **| Other please specify**_____

PARISH AFFILIATION

Are you Registered at Christ the King? Yes ____ No ____ If no, which parish? _____

Would you like to register at Christ the King? Yes ____ No ____

Attend Sunday Mass regularly? Yes ____ No ____ If yes which mass : Saturday 4:00 PM ____ Sunday 9:30 AM ____ other _____

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ATTENDANCE POLICY

Please be mindful that we only allow 3 absences and a written excuse must be provided each time. We also ask you to keep in mind that every time your child arrives late to class, class time is interrupted. Therefore, 3 late arrivals will count as an absence (15 minutes after class has started). Students in the programs of 1st Communion, Confirmation, RCIC, or RCIY MUST comply with the Attendance Policy to be eligible to advance to the next level or to celebrate their Sacrament that year. Please keep in mind that if your child(ren) is absent because they have a sports event/game, they will be counted as absent. Any absence due to sports will not be excused or justified.

I, (parent/guardian), have read and I accept the Attendance Policy. I understand that my child(ren) may repeat the same level if they have more than 3 absences. I pledge a good-faith commitment to see that my child(ren) attends regularly the Faith Formation classes. **_____ (Initials)**

DISCIPLINE POLICY

Discipline problems include, but are not limited to: Improper language, whether oral, written or by gestures; Disrespect of school personnel and property; Disruptive behavior means excessive noise in the classrooms or school building and inappropriate dress. NOTE: **1st** Infraction: The student will be sent to the director **2nd** Infraction: Parent/guardian will be asked to meet with the catechist before the next class. **3rd** Infraction: The student will be expelled from the Faith Formation Program. If the student is in the Communion/ Confirmation/ OCIA program, he/she will not be eligible to participate in the celebration of the Sacraments that year.

I, (parent/legal guardian), have read and I accept the Discipline Policy. I understand that my child(ren)'s bad/disruptive behavior may result in the expulsion of the Faith Formation Program.

_____(Initials)

EMERGENCY MEDICAL ATTENTION AUTHORIZATION -WAIVER

( ) YES ( ) NO

I, (parent/legal guardian), give permission to Christ the King and its staff, volunteers and agents to obtain MEDICAL TREATMENT for my child(ren) in case they cannot contact the emergency people on this registration. **_____(Initials)**

PHOTOGRAPHED/VIDEOTAPED PUBLICATIONS -WAIVER

( ) YES ( ) NO

I, (parent/legal guardian), give permission for my child(ren) to be photographed or/and videotaped for St. Camillus Church's publications ONLY while at any Faith Formation Activity (including First Communion and Confirmation Mass). If I select NO, I understand that my child might inadvertently be photographed/recorded during church-related activities. Photos can be deleted upon request.

_____ (Initials)

PARENTS/ LEGAL GUARDIAN COMMITMENT

I, (parent/guardian), pledge a good-faith commitment to our weekly participation in Mass, attendance at Faith Formation classes, attendance at parent meetings, and assuring that my child completes all assigned work. I certify that I am the parent/legal guardian of all the children listed in this registration and that the information given is true, accurate and complete.

SIGNATURE _____