CHRIST THE KING CHURCH - Year 2026-2027 **FFID#_____** Today's Date: _____
20 W WAKEA AVENUE KAHULUI HI 96732

PPDSID#_____ Family Name: _____

Child's Full Name:	Gender:	Date of Birth:	Child's Grade as of Aug 2026:
Child's Email (if applicable):		Child's Cell Phone # (if applicable):	
Address:		City & Zip Code:	School Name:

Sacraments Received (✓ all that apply): ☐ Baptism ☐ Confirmation ☐ First Communion
Original Birth Certificate and Baptismal Certificate must be presented at the time of registration

Mother's Full Name: Address:	Cell Phone #:	Mother's Email:
	Marital Status: ☐ Catholic Marriage ☐ Civil Marriage ☑ Not Married ☐ Divorced ☐ Widowed	Mother's Religion:
Father's Full Name: Address:	Cell Phone #:	Father's Email:
	Marital Status: ☐ Catholic Marriage ☐ Civil Marriage ☑ Not Married ☐ Divorced ☐ Widowed	Father's Religion:

Who do(does) child(ren) live with? ☐ Both Parents ☐ Mother ☐ Father ☐ Joint Custody ☐ Other (describe):	Custody: Are there any custody / legal issues? ☐ Yes ☐ No (If yes, please provide a complete copy of the latest court order.)

Emergency Contact: (**not a parent must be18 or older**)	Relationship to Child:	Emergency Contact Phone #:

Please list any special needs your child has: (allergies, learning disabilities, physical limitations, medications, etc.)

Does your child receive any services at school (IEP, 504 Plan, etc.)? ☐ Yes ☐ No	Volunteers are always needed! Please check the boxes below for more information about being: ☐ Catechist ☐ Catechist Aide ☐ Substitute

Tuition Fees for the Program: ☐ $45 One Child ☐ $50 Two Children ☐ $60 Three Children or More
☐ $15 Confirmation Prep Pre Child

Office Use Only Fees Paid	Amt:	☐ Yes ☐ No	☐ Cash Check _____ __ Credit Card Check # _____	Notes:

2nd Child's Full Name:	Gender:	Date & Place of Birth:	Age:	Grade (as of Aug 2026)
Address:**		City & Zip Code	School Name:	

Sacraments Received ***(V*** all that apply): Birth Certificate ☐ Baptism ☐ Confirmation ☐ First Communion **New Student**
Original Baptismal Certificate must be presented at the time of registration, unless the child was baptized at Christ the King Church **2nd Year Student**

Please list any special needs your child has: (allergies, learning disabilities, physical limitations, medications, etc.)

3rd Child's Full Name:	Gender:	Date & Place of Birth	Age:	Grade (as of Aug 2026)
Address**		City & Zip Code	School Name:	

Sacraments Received (all that apply): Birth Certificate □ Baptism □ Confirmation □ First Communion **New Student**
Original Baptismal Certificate must be presented at the time of registration, unless the child was baptized at Christ the King Church **2nd Yr. Student_**

Please list any special needs your child has: (allergies, learning disabilities, physical limitations, medications, etc)

4th Child's Full Name:	Gender:	Date & Place of Birth	Age:	Grade (as of Aug 2026)
Address**		City & Zip Code	School Name:	

Sacraments Received *f/* all that apply): Birth Certificate □ Baptism □ Confirmation □ First Communion **New Student**
Original Baptismal Certificate must be presented at the time of registration, unless the child was baptized at Christ the King Church **2nd Yr Student_____**

Please list any special needs your child has: (allergies, learning disabilities, physical limitations, medications, etc)

Liability Waiver and Medical Authorization: In the event of an emergency, I/We authorize Christ the King Staff or Volunteers to obtain medical treatment for my child(ren) if I cannot be reached. I/We release the parish and Diocese from liability in case of accident or injury.

Parent Signature:_____ **Date :** _____

Photo/Vidéos Consent

From time to time, pictures and videos may be taken of parish faith formation ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish publications, and the ministry website and/or social media. If necessary, our parish faith formation programs will provide and include but are not limited to: Facebook, Instagram, YouTube, and Zoom. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or office, and they will promptly be removed.

I, student(s) named above, authorize and give full consent, without limitation or reservation, to Christ the King Church, to publish any photograph or video in which the above named student(s) appears while participating in any program associated with the parish faith formation program. There will be no compensation for use of any photograph or video at the time of publication or in the future.

☐ Yes ☐ No **Child Signature**: _____ **Date**: _____

I/We, the parent(s)/legal guardian(s) of student(s) named above authorize and give full consent, without limitation or reservation, to Christ the King Church to publish any photograph or video in which the student(s) above named appears while participating in any program associated with the parish faith formation program. There will be no compensation for use of any photograph or video at the time of publication or in the future.

☐ Yes ☐ No **Parent Signature**: _____ **Date**: _____

SAFE ENVIROMENT NOTIFICATION

Christ the King Parish Faith Formation Educational Program will be presenting the Diocesan Program Children, Adolescent, and Parent Family Safe environment for all Students in Faith Formation. One or Both Parents must attend this important class. We will be using the Family Program on Relationships and Abuse Prevention for both parents and children. **Date to be Announced**

☐ Yes ☐ No **Parent Signature**: _____ **Date**: _____

TEXTING

The person(s) authorized to communicate with student(s) is in compliance with The Safe Environment Policy of the Diocese of Honolulu.

I/We grant permission for my son/daughter to participate in FAITH FORMATION PROGRAM and receive text messages/email from the Parish Faith Formation Program or Catechist. NOTE: Parents will always receive the same online meeting notification and text message/email.

☐ Yes ☐ No **Parent Signature**: _____ **Date**: _____

Please add the following person(s) to the Text Message Distribution List and Group Email Distribution List:

☐ Both Parents & Youth ☐ Both Parents ONLY ☐ Mom ONLY ☐ Dad ONLY ☐ Mom & Youth ☐ Dad & Youth