2025/26 CHRIST KING PARISH SCHOOL REGISTRATION

/	/	<u>'</u>
Todays'	Date	

Complete one form per child - must be accompanied by copies of the baptismal and birth certificates as well as the registration fee (new families, pay by check). All forms and registration fee should be returned to the school office (2646 N. Swan Blvd., Wauwatosa, WI, 53226 – 414.258.4160), or emailed to school@christkingschool.org. If emailed, the check will still need to be returned to the school office.

Student Information

Tuesday/Thursday K3: Morning Full Day				Date o	of Birth	
	Mon/Wed/Friday Morning Full Day	Mon-Friday Morning Full Day	1177.	rning Day		5th
Grade (upcoming school ye	ear)					
Home Address			City		Zip	
Male Female Hispanic/ Latino	American Indian Alaska Native Asian Black/African American	_	Hawaiian/ acific	Baptized \(\bigcup \)	Yes (location below)	□ No
Not Hispanic/	Catholic	Non-Co	tholic	First Communi First Reconcilio		UNo □No
School/Daycare Last Atte	ended Address					
City	Zip	Reason for	the Transfer			
My child has an IEP, Servi	ice Plan or receive	s separate spec	ialized servic			
•	ice Plan or receive	s separate spec	ialized servic			
My child has an IEP, Servi	ice Plan or receive	s separate spec	ialized servic		-	
My child has an IEP, Servi	edical or other rest	s separate spec trictive condition	ialized servic		s (describe below) N	lo
My child has an IEP, Servi My child has physical, mo	nedical or other restant	s separate spec trictive condition	ialized servic	ullergies). 🔲 Yes	s (describe below) N	lo es
My child has an IEP, Servi My child has physical, ma arent/Legal Guarent/Legal Guare	nedical or other restant	s separate spec trictive condition	ialized servic	ullergies). 🔲 Yes	(describe below) N	lo es
My child has an IEP, Servi My child has physical, ma arent/Legal Gua Primary Contact Last Nar Address (complete if diffe	nedical or other restant	s separate spec trictive condition	ialized servic is (including o	allergies). Yes	(describe below) N	lo es

Parent/Legal Guardian Information

	First Name		Relationship to Student		Yes No nt Lives with Me
Address (complete if different tha	ın student)	City		Zip	
Email			Cell #		
Occupation/Business			Work #		
Catholic Non-Cathlic	Regi	stered Paris	nioner of Christ King	Not Registe	red
mergency Contact II	nformation				
Last Name	First Name		Relationship to Student	Phone #	
Last Name	First Name		Relationship to Student	Phone #	
hy Christ King Parish	School				
_		Price □Loc	ation Current parishio	oner	nity
Check top 2 Catholic identity reasons for choosing	Academics P		ation Current parishio	oner	nity Faculty
Check top 2 Catholic identity reasons for choosing our school Other	AcademicsP		ation Current parishio	oner	nity Faculty
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After School Care

- Cavalier Club is available for students in grades K4-8, Monday through Friday, from the end of school to 6:00 pm. (School ends at 2:00 pm on Wednesdays and 3:00 pm all other days.)
- Currently, there is a \$50 registration fee and a daily cost \$30/day per student, no matter how long your student attends. The registration fee and daily cost is billed through Blackbaud Tuition Management and subject to change for the 2025/26 school year.
- Registration will open in spring, 2025.

Received By