



Christ the King Catholic School
 1918 South Greenwood
 Fort Smith, Arkansas 72901
 479.782.0614

For office use only.
 Birth certificate
 Immunization record
 Baptismal certificate
 Registration fee
 Request for records

Application for Pre-School Admission 2019 - 2020

REGISTRATION (includes SUPPLY & TECHNOLOGY FEE): Session 1=\$225 Sessions 2 - 5= \$275

These fees are nonrefundable and nontransferable.

Date of Registration:

Enrollment Date:

18 MONTH OLD – 4 YEAR OLD PRESCHOOL OPTIONS

Please choose from the following:

<input type="checkbox"/>	Session 1	Two Day – Tuesday and Thursday 7:30 a.m. – 3:00 p.m.
<input type="checkbox"/>	Session 2	Three Day – Monday, Wednesday and Friday 7:30 a.m. – 3:00 p.m.
<input type="checkbox"/>	Session 3	Five Day – Monday – Thursday 7:30 – 11:30 a.m. and Friday 7:30 a.m. – 3:00 p.m.
<input type="checkbox"/>	Session 4	Five Day – Monday – Friday 7:30 a.m. – 3:00 p.m.
<input type="checkbox"/>	Session 5	Five Day – Monday – Friday 7:30 a.m. – 5:30 p.m.

Session 5—Snack charges will be listed on the cafeteria statement.

Student's Last Name:		First:	Middle:
Ethnic Origin for statistical purposes:		Gender:	Entering Grade:
Date of Birth:	Place of Birth—State:		Student's Religion:
If Catholic, please complete: Baptism Date:	Church:		City, State:
Address:			Home Phone:
City:	State:	Zip:	
Father's Name:			Father's Religion:
Address – if different from above:			
Home Phone:	Cell Phone:	Work Phone:	
Occupation:	Title or Position:		
Work Email Address:	Home Email Address:		
Place of Employment:	Address:		
Mother's Name:			Mother's Religion:
Address – if different from above:			
Home Phone:	Cell Phone:	Work Phone:	
Occupation:	Title or Position:		
Work Email Address:	Home Email Address:		
Place of Employment:	Address:		

Public School District in which you live:	Previous School Attended:
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Has the student ever been withdrawn, dismissed or suspended from any school for academic or disciplinary reasons?

If yes, please explain:

Parish Membership: Christ the King Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Envelope Number:
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Parish Membership other than Christ the King Catholic Church:

Check all that apply:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Parents together | <input type="checkbox"/> Parents separated | <input type="checkbox"/> Parents divorced | |
| <input type="checkbox"/> Father remarried | <input type="checkbox"/> Mother remarried | <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Father deceased |

Child lives with:

- | | | | |
|--|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Mother only | <input type="checkbox"/> Father only | <input type="checkbox"/> Joint custody |
| <input type="checkbox"/> Other – Relationship: | | | |

**UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE,
BOTH PARENTS HAVE ACCESS TO THE STUDENT AND HIS/HER EDUCATION RECORDS.**

Sibling Information

Name:	School:	Grade:
Name:	School:	Grade:
Name:	School:	Grade:
Name:	School:	Grade:

Emergency Contact Information – List two people to notify if you cannot be reached:

Name:	Relationship:
Home Phone:	Cell Phone:
Name:	Relationship:
Home Phone:	Cell Phone:

**In case of accident or illness, if I cannot be reached, I authorize the following doctor to be called if needed.
Otherwise, the school may make arrangements as necessary.**

Doctor's Name:	Phone Number:
Hospital Name:	Phone Number:
Dentist's Name:	Phone Number:

Parent's Name: _____

Parent's Signature: _____

Date Signed: _____