

Applicant's Baptism
 Date _____ Church _____ City, State _____

Applicant's First Reconciliation
 Date _____ Church _____ City, State _____

Applicant's First Communion
 Date _____ Church _____ City, State _____

Applicant's Confirmation
 Date _____ Church _____ City, State _____

Will receive Sacraments in _____ Parish

Race: American Indian/Native Alaskan _____ Asian _____ Black/African American _____
 Native Hawaiian/Pacific Islander _____ White _____ Two or More Races _____

School Last Attended _____ Grade _____

Street Address: _____

City/State _____ Zip Code: _____

Telephone: _____ Fax: _____

List brothers and sisters, grades in school and the names of the schools they are presently attending:

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever been suspended or expelled? _____ Yes _____ No

Has your child been retained? _____ Yes _____ No If so, what grade? _____

Has your child ever been diagnosed with:

A learning disability? _____ Yes _____ No

Attention deficit disorder? _____ Yes _____ No

Attention deficit disorder with hyperactivity? _____ Yes _____ No

Central auditory processing disorder? _____ Yes _____ No

Is there documentation to verify diagnosis? _____ Yes _____ No

Has your child ever been prescribed medication for any of the above disorders? _____ Yes _____ No

Is your child currently on any medication? _____ Yes _____ No If so, medication? _____

Has your child been under the care of a doctor in the past year? _____ Yes _____ No If so, reason? _____

Does your child have any allergies? _____ Yes _____ No If so, please list allergies: _____

Alumni Information - Name any family members/close relatives who attended CTKCS and year of graduation:

Parent's Signature _____ Date _____

**This registration form is for planning purposes.
 It is not a contract.
 If any information is falsified or omitted, admittance in this school may be terminated.**