



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 2017-2018

**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 option also requires a \$60 after school care snack fee due August 2017 and January 2018.

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Has the student ever been withdrawn, dismissed or suspended from any school for academic or disciplinary reasons?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: \_\_\_\_\_

*We were referred by a current Christ the King School family.*

*CTK Family who referred us was: \_\_\_\_\_*