

CHRIST THE KING SCHOOL



Furlough Friends Registration Form Kindergarten thru 6th Grade School Year 2009-2010

October 23rd & 30th
November 6th & 20th
December 4th, 11th, & 18th

January 15th & 29th
February 12th
March 5th & 12th

April 23rd & 30th
May 7th & 14th

Last Name	First Name	Middle Name	Birth Date
Grade	School Currently Attending	Gender	Religion
Home Address	Mailing Address	Home Phone #	Parish
Father/Guardian's Name	Employer	Occupation	Business # Cell #
Mother/Guardian's Name	Employer	Occupation	Business # Cell #
Emergency Contact Name (If parent unable to be contacted)	Relationship to Student	Home or Business #	Cell #
Emergency Contact Name (f parent unable to be contacted)	Relationship to Student	Home or Business #	Cell #
Physician's Name	Physician's Contact #	Clinic	Insurance Provider and Policy #

_____ I understand that my child will attend classes from 8:00 a.m. – 1:30 p.m. I agree to pay \$30.00 per day for a total of \$480.00. I understand that I may pay three installments of \$160.00 on October 23rd, December 11th, and March 5th.

_____ I understand that my child will attend classes from 8:00 a.m. – 1:30 p.m. and attend the after school care program from 1:45 – 5:30 p.m. I agree to pay \$40.00 per day for a total of \$640.00. I understand that I may pay four installments of \$160.00 on October 23rd, December 4th, January 29th, and April 23rd.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date