



Christ The King School
2 Lamarck Drive, Snyder, NY 14226



REGISTRATION FORM

{One for each FAMILY attending CTK School}

Address (Student's):

Street:

City:

Zip Code:

Father's Name:

Legal Guardian?

Yes / No

Occupation:

Work Phone #:

Home Phone #:

Cell Phone #:

E-Mail:

Address (If different than Student's):

Street:

City:

Zip Code:

Mother's Name:

Legal Guardian?

Yes / No

Occupation:

Work Phone #:

Home Phone #:

Cell Phone #:

E-Mail:

Address (If different than Student's):

Street:

City:

Zip Code:

Marital Status: Single / Married / Divorced

Public School District of Residence of Child (Where Taxes Are Paid):

Emergency Information:

Emergency Contact:

Relationship:

Home Phone #:

Cell Phone:

Emergency Contact:

Relationship:

Home Phone #:

Cell Phone:

Family Physician:

Phone #: