Christ the King Regional School



Re-Registration Contract 2025/2026

Please confirm your commitment to enrolling your child/children at CKRS for the 2025/26 school year.

We rely upon this commitment to help determine the number of available places in each class as well as to determine our budget for the upcoming school year.

Child(ren) Last Name	
Child(ren) Primary Address	
Mother's Name	
	Street Address (If different from the children)
	City, State & Zip Code
	Email Address
	Primary Phone
	Cell Phone
	Work Phone
Father's Name	
	Street Address (If different from the children)
	City, State & Zip Code
	Email Address
	Primary Phone
	Cell Phone
	Work Phone

Registered Catholic: Yes □ No □	School District:
CKRS Alumni: Yes □ No □	Registered Parish:
Student Name(s)	Grade attending in 2025/26
Student Name(s)	Grade ditending in 2023/20
ease list the names of siblings if yo	ou are interested in our PreK 4 Program
Student Name(s)	Pre-K Interest in 2025/26
Total # of students We will not be enrolling our child(r arent Name (Print)	Total amount enclosed ren) for the 2025/26 school year Parent Signature
arent Name (Frint)	r arent Signature
eived three doses of hepatitis B vaccine, or any vac	lew Jersey had mandated that "every child born on or after January1,1996 shall he ceine combination containing hexalis B virus, prior to school entrance for the first time in this mandate. If your child has not been immunized against hepatitis B virus, ple
	RS
ny delay may postpone your child's entrance into CK. The registration process includes aregistrative-school, kindergarten, or transfer) must be	tionformanda\$100registrationfeeper child.NEW students (i.e. e registered separately using the NEW Student Registration form.
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