

ENROLLMENT & REGISTRATION PACKET
2025-2026

Christ the Teacher
CATHOLIC SCHOOL



School Year Office Hours: Monday-Friday 7:30 AM – 4:00 PM

School Hours: Monday -Friday 8:00 AM – 3:00 PM

(Early release on Tuesdays at 1:30pm)

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A copy of Birth Certificate and Immunization record are required to register your child.

Student Information:

First Name: _____ Last Name: _____ Middle Name: _____

Birthdate: _____ Male/Female: _____ Nickname: _____ Grade Entering: _____

Mailing Address: _____ Physical Address: _____

City/State: _____ Zip: _____ Primary Language Spoken at Home: _____

School Attended Prior: _____ City/State: _____

Ethnicity: White Hispanic/Latino Native American or Native Alaskan Asian
 Pacific Islander Black Two or more races

Is your Family Catholic? Yes or No If No, what is your religious affiliation?: _____

Church Attending (if applicable): _____

Parent/Guardian Information:

Parent/Guardian Name (First, M.I., Last): _____

Address (if different than students): _____

Occupation and Employer: _____

Work Phone #: _____ Cell Phone #: _____

Email Address: _____

Parent/Guardian Name (First, M.I., Last): _____

Address (if different than students): _____

Occupation and Employer: _____

Work Phone#: _____ Cell Phone #: _____

Email Address: _____

Parent/Guardians Relationship: single married separated divorced other: _____

Who should be the first person we contact in case of an emergency? _____

Emergency Contact and Person(s) allowed to pick up from school: Please List at Least 2

1. _____ Phone#: _____ Relationship to student: _____

2. _____ Phone#: _____ Relationship to student: _____

3. _____ Phone#: _____ Relationship to student: _____

4. _____ Phone#: _____ Relationship to student: _____

Parent/Guardian Signature: _____ Date: _____

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Person(s) NOT ALLOWED to have access to my child:

1. _____ Relationship: _____

2. _____ Relationship: _____

****If a restraining order is in effect, court documentation is required****

Sacraments:

Baptism Date: _____ Performed by: _____

Church & City: _____

Reconciliation Date: _____ Performed by: _____

Church & City: _____

First Communion Date: _____ Performed by: _____

Church & City: _____

Medical Information:

I hereby, give permission that my child may be given emergency treatment (First Aid, CPR) by a qualified staff member at Christ the Teacher Catholic School:

Parent/Guardian Signature: _____ Date: _____

I give permission in a medical emergency, including emergency surgery, if I cannot be reached, for treatment by the Doctor named below, or the emergency room at Memorial hospital.

Parent/Guardian Signature: _____ Date: _____

Doctor/Clinic Name: _____ Phone _____

Dentist/Clinic Name: _____ Phone _____

Date of students last physical: _____

List ALL medical problems: _____

List ALL restricted activities &/ or health concerns: _____

List ALL daily medication/ dosing needed during school: _____

If medication is to be given during school hours additional paperwork needs to be filled out

Does your student have any of the following service plans: IEP or 504 (If yes, please provide the school with a copy)

What is the focus of the plan? Academic Speech Behavioral Other: _____

Parent/Guardian Signature: _____ Date: _____

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Allergies:

Drug /Food/Bee Stings/Other: _____

• List Reactions: _____

• List Medications: _____

List any important medical information we need to be aware of: _____

Has Epi-Pen been prescribed (Y/N): _____

Asthma: Please indicate which level applies to your students.

Severe: In addition to daily oral medications, my child is using a nebulizer &/or inhaler daily.

_____ -List medications:

Moderate: Required daily medication to control condition, will need inhaler occasionally.

_____ -List medications:

Mild: Requiring medication occasionally, such as flare-up from a cold &/or seasonal allergies.

_____ -List medications:

Diabetes:

_____ Type 1: Insulin Dependent

_____ Type 2: Control w/ diet

-Insulin required/Self administered (Y/N) _____

-Oral Medication (Hypoglycemic) (Y/N) _____

Heart Condition: _____

Blood Conditions: _____

Digestive Disorders: _____

Hearing Loss: _____

Neurological Disorder (C.P., Hydrocephalus): _____

Orthopedic Problems (Arthritis, MS): _____

Respiratory Conditions: _____

Seizures (Epilepsy): _____

Other Condition: _____

Medication for listed condition(s): _____

Parent/Guardian Signature: _____ Date: _____

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School Permissions

- I give permission for my child(ren) to be photographed (including still photos, digital photos, and video recordings) during school activities and/or functions. I understand that these photographs may be used in publications for Christ the Teacher Catholic School. Monsignor Ecker Foundation. Diocese of Yakima and/or local television stations.

- I give permission for my child(ren) to use computers/iPads in the classroom and to access the internet. I understand that my child must follow the rules set by Christ the Teacher Catholic School Administration.

- I give permission to Christ the Teacher Catholic School to add my contact information to the school directory.

Parent/Guardian Signature: _____ Date: _____