



Welcome

BACK TO SCHOOL

2026-27
RE-ENROLLMENT



REGISTRATION PACKET

We're glad you're here!

From our humble beginnings in 1954 with only three grades, education at Christ the King has always been focused on infusing Catholic teaching into academics. Today, we educate 460 students in grades Pre-K through 8th, and continue the mission of educating the whole child in mind, body and spirit.

We're honored to partner with parents in their child's education journey, preparing them for high school and beyond. Please complete the attached registration packet to begin the admission process. Thank you for choosing Christ the King Catholic School!

1122 LONG AVE., RICHLAND, WA 99354 | (509) 946-6158 | CKSCHOOL.NET

EDUCATING THE WHOLE CHILD IN
MIND | BODY | SPIRIT



Dear Crusader Families,

In January, the principal, Kris Peugh, and the school accounting department, with the assistance of the School Advisory Commission (SAC), Finance Committee, pastor, and others, began to develop the school's budget for the 2026-2027 school year. Significant contributions were made by everyone involved. We would like to acknowledge and thank Kendra Nies, Kris Peugh, Mark Austin, Bill Tierney, members of the SAC and Msgr. Champoux for their time and thoughtful deliberation in this process.

To sustain the high-quality education, resources, and programs that define Christ the King Catholic School, and to keep pace with the rising cost of living, annual tuition adjustments are necessary. We remain committed to keeping these increases as modest as possible while sustaining the exceptional educational experience you have come to expect. We are proud to note that CK tuition remains the lowest in the area for private schools. Tuition for 2026-2027 can be found in the registration packet. We appreciate your commitment to maintain a thriving learning environment for our students.

Returning families who register before March 13th will pay a \$325.00 registration fee for the first student, and \$300.00 per student thereafter. This additional \$25 fee will help fund the 2027 auction procurement efforts. After March 13th, the fee will increase to \$375 for the first student and \$350.00 per student thereafter. For families with multiple children, you are able to spread your registration payments over three months, provided you register by the March 13th deadline.

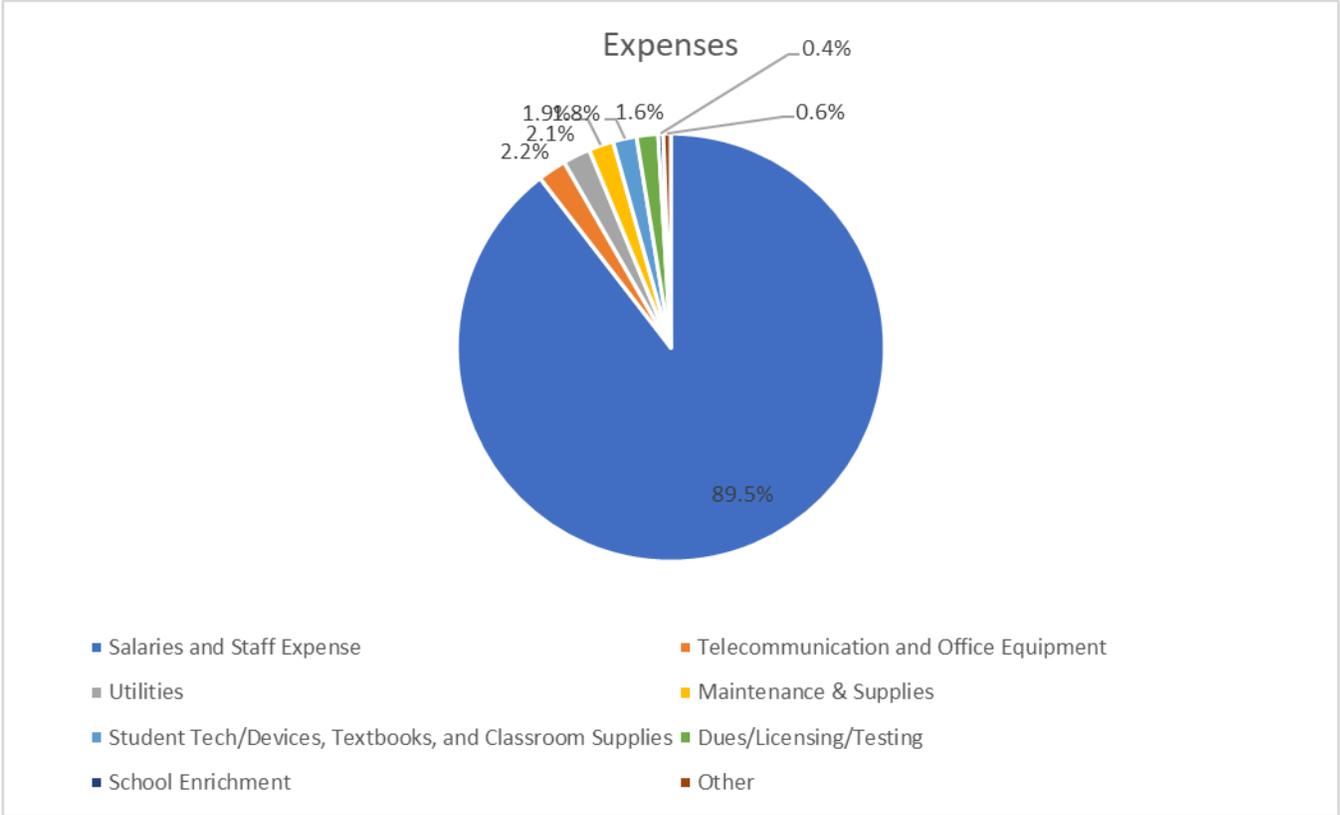
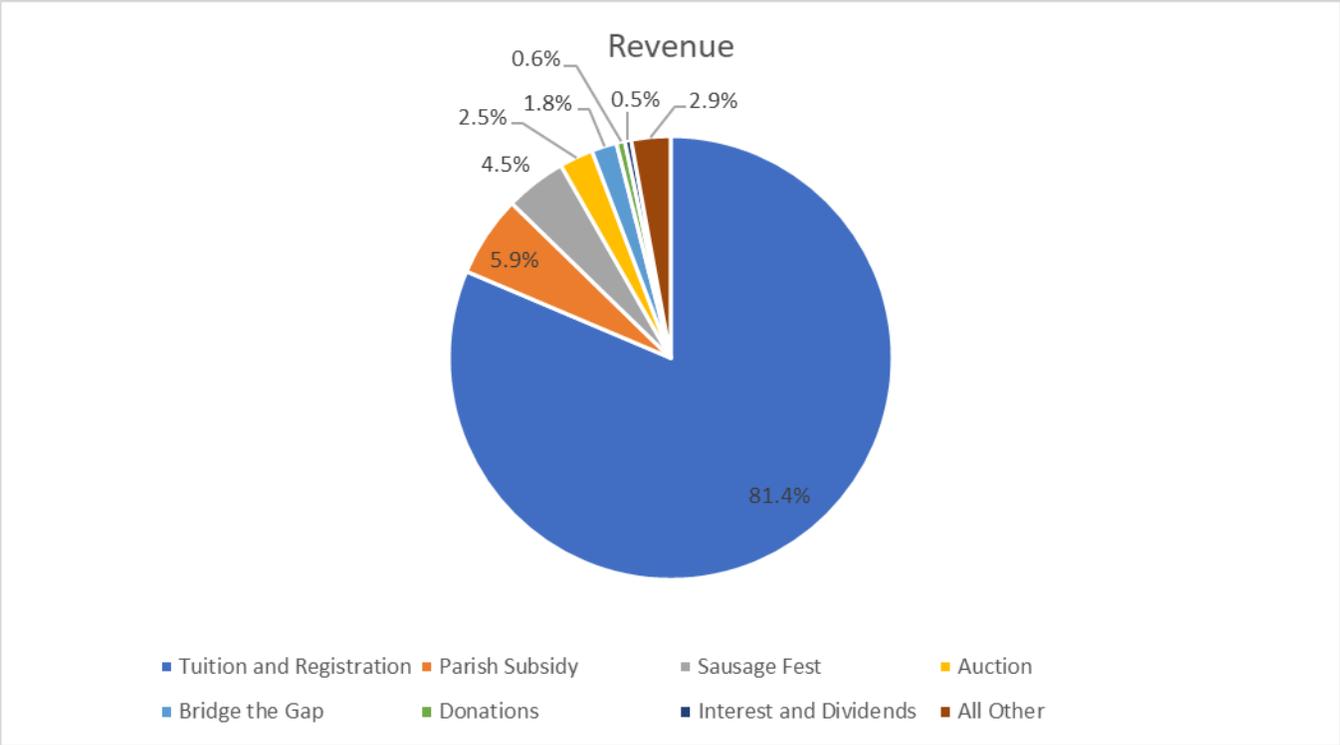
We are excited to share that this year's budget is focused on continuing to provide robust support for our students and staff. This includes maintaining our Educational Assistants in grades K-3 and as well as two interventionists specializing in reading and math support. These investments are a great step toward ensuring that all our students are empowered to reach their full potential.

Our Advancement Team continues to play a vital role in generating additional revenue outside of tuition. Their efforts are made possible by the commitment each family makes to volunteer 25 hours in our school each year. Included in your registration packet, you'll fill out a form to indicate how you plan to contribute your time and talents for the 2026 - 2027 school year. The culture of service that we foster in the students at CKCS starts with you, and we are grateful for your service.

We believe the budget will allow us to continue our mission of forming the whole child—mind, body, and spirit—while providing a nurturing environment for your child's growth and development. Thank you for your unwavering support of Christ the King Catholic School. We are honored that you have entrusted us to partner with you in the education and formation of your children.

Warmly,

Kris and the School Advisory Commission





REENROLLMENT ADMISSION APPLICATION 2026-2027

Please return the reenrollment packet with registration fee to school office.

Office Use Only:
Date Received: _____ Initial: _____

Student Name #1: _____ Date of Birth: _____ Entering Grade: _____

Student Name #2: _____ Date of Birth: _____ Entering Grade: _____

Student Name #3: _____ Date of Birth: _____ Entering Grade: _____

Student Name #4: _____ Date of Birth: _____ Entering Grade: _____

Student Name #5: _____ Date of Birth: _____ Entering Grade: _____

Contact Information

No Changes

Please complete the section below if you have any changes to your contact information or living situation.

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian		
First	Last	
Street		
City	State	Zip
Cell Phone: _____		
Home Phone: _____		
Work Phone: _____		
Email: _____		
Occupation: _____		
Employer: _____		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased		

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian		
First	Last	
Street		
City	State	Zip
Cell Phone: _____		
Home Phone: _____		
Work Phone: _____		
Email: _____		
Occupation: _____		
Employer: _____		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased		

Students (s) live with:

Both Parents Mother only Father only Mother & Stepfather Father & Stepmother

Other: (please specify) _____

Notice of Nondiscriminatory Policy as to Students: Christ the King admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its education policies, admission policies, scholarship and load programs, and athletic and other school administered programs.



IMPORTANT TUITION GUIDELINES AND UPDATES

Balancing the cost of educating our students with the responsibility to keep tuition affordable is an ongoing challenge.

To help address this challenge, the parish provides a significant monthly subsidy to the school, allowing us to offer a reduced in-parish tuition rate. This subsidy reflects our shared commitment to families who are registered parishioners and who actively participate in the life of the Church.

Active parishioner participation may take many forms, including:

- Regular attendance at weekend Mass
- Financial stewardship through tithing and support of diocesan appeals
- Volunteering time and talent through ministries such as:
 - Extraordinary Minister
 - Lector
 - Usher
 - Music Ministry
 - Sunday School/Religious Education
 - Vacation Bible School
 - Parish or School Committees
 - Young Ladies Institute (YLI) or Knights of Columbus

For families who are not able to participate in these ways, the non-parish tuition rate is a realistic and appropriate option.

Neither tuition rate fully covers the actual cost of educating a child at Christ the King. For this reason, **we have added a third column to the tuition table on the following page that reflects the full cost to educate one student at CK.**

With gratitude for your continued support and trust in our school, we invite you to prayerfully consider making an additional investment in your child's education by choosing to pay the full tuition cost of educating your child(ren) at Christ the King.



ENROLLMENT CONTRACT

2026-2027

Family Name:

Student Name(s):

Tuition

Tuition is due on the first of each month, **September 2026 – June 2027**, and it is past due if received after the 10th of the month. ***Tuition received after the 10th of the month will be subject to a \$20 late fee.** Tuition that is over 30 days delinquent may be charged an additional 1.5% on the total tuition balance. ***ACH withdrawals on the 15th of the month are not subject to late fees. Tuition is to be prorated based on 180 days of school.**

Parish Tuition Schedule (K-8)		Non-Parish Tuition Schedule (K-8)		Cost to Educate a Child	
One Child	\$6,790 or \$679/mo	One Child	\$9,000 or \$900/mo	One Child	\$9,250 or \$925/mo
Two Children	\$12,240 or \$1,224/mo	Two Children	\$16,660 or \$1,666/mo	Two Children	\$18,500 or \$1,850/mo
Three Children	\$16,360 or \$1,636/mo	Three Childrn	\$22,080 or \$2,208/mo	Three Children	\$27,750 or \$2,775/mo
Four Children	\$19,050 or \$1,905/mo	Four Children	\$25,230 or \$2,523/mo	Four Children	\$37,000 or \$3,700/mo
Five Children	\$21,340 or \$2,134/mo	Five Children	\$25,700 or \$2,570/mo	Five Children	\$46,250 or \$4,625/mo

Each month the Church provides a significant subsidy to the school to help us meet our operational costs. This subsidy allows CKCS to extend a parishioner discount to those families who are registered and actively participate in the life of the Church by attending Mass regularly and contributing financially to the church and the diocesan appeals.

Parish Tuition: To qualify for parish tuition, the following criteria must be met:

- YES NO Are you a registered member of the Christ the King Parish?
- YES NO Has your family contributed financially to the parish through the use of church envelopes or online giving?

I typically attend the (day) _____ Mass @ (time) _____ on the weekends.

Just moved to the area? If you intend to register in the parish and wish to receive the parish discount, please register with the parish before submitting your school application.

- I am a CK Parishioner, and I would like to apply for financial aid.

Parent/Guardian, please complete:

Total Kindergarten - 8th grade tuition: MONTHLY _____ or YEARLY _____

Tuition Guidelines:

- 1) **Registration fees are non-refundable.** Registration fees equal to one child are due at the time of initial registration. Multi-student families, registration fees may be made in payments equaling one child per month.
- 2) Tuition is paid on a ten-month schedule from September – June. ACH is strongly encouraged (see attached form). If you are unable to do ACH, arrangements can be made through the finance office.
- 3) Family accounts will be assessed a \$25 return check fee on checks returned for non-sufficient funds.
- 4) The school is a ministry to our parish children. For those parish families with a genuine inability to pay, financial aid is available. A copy of this year's tax return form will be requested. Please indicate your desire to apply for financial aid on your registration form.

- 6) Any family including those receiving financial aid falls behind in payments, the following may result (A) The scholarship amount will be withdrawn; (B) My child(ren) may be withdrawn from Christ the King Catholic School.
- 7) Families must be up to date on all accounts before they can register their children for the following year.
- 8) Any questions concerning the tuition plan should be referred to the principal or School Finance Committee.

Cafeteria (Hot Lunch)

The cafeteria account is prepaid and IS NOT a charge account. Lunch is \$5.00/meal. Funds may be added to the account through the ACH form or by sending a check to the office. (A negative balance means funds are available.) Milk cards (\$5 per card for 10 milk cartons) are available for purchase at lunchtime in the cafeteria to those who bring lunch from home.

Volunteer Policy

The strength of Catholic education centers on the partnership between the teachers, students, parents and community. The volunteer program is a way to encourage and recognize the gifts of time and talent given by our families in this partnership. These gifts build up our community in significant ways. In the spirit of cooperation and collaboration, families are required to provide at least 25 hours of service to the school during the course of the school year.

Auction Fee

A fee of \$25 per family supports our school Auction procurement. This charge alleviates the requests for silent auction donations from November through March, while ensuring our Auction committee has enough time to procure items at the best price, and therefore the best profit for our school. Thank you for your ongoing commitment and support!

Signing the enrollment contract indicates your agreement that your family will volunteer at least 25 hours during the school year, or that you will participate in the Volunteer Hours Buy-Out. Each family is responsible for tracking their volunteer hours in FACTS, the school's Student/Family Information System (SIS), and that any unfilled hours will be billed at \$40.00/hr.

I have read the Enrollment Contract and I understand that I have a moral and legal obligation to fulfill my responsibilities. I further understand that failure to comply with the payment schedule outlined in the tuition payment plan may result in: (A) My child(ren) will be withdrawn from Christ the King School; (B) Initiation of legal proceedings; (C) Loss of eligibility for re-registering; (D) subject to Collection Agency.

Parent or Legal Guardian (Printed Name): _____

Parent or Legal Guardian Signature: _____ Date: _____

- Registration Fee**
- Auction Fee (one time family payment)**
- Tuition Contract (with automatic payment form if using)**
- Student Health History Form**

CHRIST THE KING CATHOLIC SCHOOL encourages ACH withdrawals as the primary means of payment for **regular monthly tuition and cafeteria payments**.

****** A new form is required each year to authorize the new Tuition amounts ******

DIRECT PAYMENT Authorization Form 2026-2027

Student Family Last Name _____

I hereby authorize **Christ the King Catholic School** to initiate withdrawals from my account at the financial institution named in this application for payment of my **regular monthly** bills to Christ the King Catholic School. This authorization will remain valid until June 30, 2027, or until either I, Christ the King Catholic School, or my financial institution revoke it.

Monthly Tuition: \$ _____ Monthly Pre-School Tuition: \$ _____
Monthly Cafeteria: \$ _____ Monthly Auction Fee (\$25.00/family) \$ _____
Registration Fee \$ _____ withdrawal select one 1st 10th 15th of month(s) _____

I understand that the Direct Payment program is the preferred method of payment and does not otherwise affect my rights or the rights of Christ the King Catholic School or my financial institution with respect to each other. I further understand that Christ the King School and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it.

This authority is to remain in full force and effect until Christ the King School has received written notification from me (or either of us) of its termination in such time and manner as to afford Christ the King Catholic School and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number

Indicate date of monthly ACH withdrawal: 1st of each month: \$ _____, starting _____
10th of each month: \$ _____, starting _____
15th of each month* \$ _____, starting _____

Note: Family accounts will be assessed a \$25.00 fee on return ACH for non-sufficient funds. *\$20.00 late fee will be charged to family accounts for NSF-15th ACH no exceptions.

Account Holder Signature _____ Date _____

Joint Account Holder Signature _____ Date _____

For Christ the King Catholic School to verify bank account and routing numbers, account holders should attach a **VOIDED CHECK** for the account holder account that is to be debited. Christ the King Catholic School and account holders should retain completed copies of this form for their records.

Place VOIDED CHECK Here

*NOTE: If withdrawal date falls on Saturday, your funds will be withdrawn on Friday.
If withdrawal date falls on Sunday, your funds will be withdrawn on Monday.*

Family Name: _____ Email: _____ Phone: _____



VOLUNTEER COMMITMENT

At Christ the King Catholic School, families are required to complete 25 volunteer hours between the first day of school and the last day of June. This spirit of volunteerism is an integral part of the unique and meaningful culture of parent-school partnership at CKCS. Those hours can be completed in a variety of ways, and it is encouraged that families volunteer within their God-given skill sets and talents.

Please select 1-2 areas below for your volunteer commitment. The Directors of Advancement will follow up shortly after school begins to finalize your volunteer roles:

- Sausage Fest (September)
- School Auction (May)
- Bridge the Gap Campaign (ongoing)
- Golf Tournament (May/June)
- PTO events
- Classroom Volunteering
- School Play
- 7th Grade Outdoor School fundraisers
- Purchase out my volunteer hours in full (\$1000)
- Facilities and Maintenance Projects
- Room parent
- Other _____

Christ the King Catholic School Volunteer Requirements	
Adult Volunteer Requirements	Drivers
<ol style="list-style-type: none"> 1) Volunteer Application 2) Read Diocese of Yakima Safe Environment Policies and agree to follow them. (yearly) 3) Complete Virtus Safe Environment Training Acknowledgement (one time 3-hour class with online refreshers) (every 6 years) 4) Oath of Confidentiality (yearly) 5) Complete a criminal background check (every 6 yr) 	<p>In addition to the adult volunteer requirements, adult volunteers (21 & over) must also complete the following:</p> <ol style="list-style-type: none"> 1) Driver Information Sheet (yearly) 2) Adult liability waiver (yearly) 3) Be Safe-Drive Safe 12 minute video & questionnaire (one time) https://yakima.cmgconnect.org/

If you have any volunteer questions, please reach out to Caitlin Elder celder@ckschool.net or Theresa Woehle twoehle@ckschool.net.



STUDENT # 1 HEALTH HISTORY FORM

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Christ the King Catholic school, unless you request otherwise in writing.

Student Name: _____

Grade: _____ Date of Birth: _____ Male Female

Life Threatening Medical Conditions: WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the School Nurse with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE THREATENING HEALTH CONDITION?** NO YES

If yes, please state condition: _____

- NO YES Severe allergic reaction to bee sting? Please describe reaction:
Anaphylactic: NO YES
- NO YES Severe allergic reaction to **food or nuts**? Type:
Anaphylactic: NO YES Please describe reaction:
- NO YES Mild allergic reaction to **food, nuts or other**? Type:
Please describe reaction:
- NO YES Asthma? Will your child require asthma management during school hours? NO YES
- NO YES Diabetes? Type: _____ Self Manage: NO YES Pump: NO YES
- NO YES Heart Condition? Diagnosis: _____ Pacemaker: NO YES
- NO YES Bleeding Disorder? Diagnosis: _____
- NO YES Seizure/Neurological Disorder? Please describe: _____
- NO YES GI/Feeding Condition? Please describe: _____
- NO YES Bowel/Bladder Condition? Please describe: _____
- NO YES Other health concerns? _____
- NO YES Does your child have any other condition that would affect classroom performance or PE activities?
Please describe: _____
- NO YES Behavioral/Emotional/Academic Concerns: _____
- NO YES Visual Impairment? Glasses Contacts Date of last eye exam: _____
- NO YES Hearing Impairment? Hearing Aids YES Date of last hearing exam: _____

Health Insurance Company: _____

Primary Care Provider: _____ Last exam: _____

Dentist: _____ Last dental exam: _____

Daily Medications

State law requires written authorization from a Health Care Provider and parent before **any** medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

- NO YES. Medication need at school: Please specify: (authorization needed) _____
- NO YES. Medication needed at home: Please specify: _____

Parent/Guardian Contact Phone Numbers: Please order from 1-3 which number to call first.

Cell:	Work:	Home:
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Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____



STUDENT # 2 HEALTH HISTORY FORM

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Christ the King Catholic school, unless you request otherwise in writing.

Student Name: _____

Grade: _____ Date of Birth: _____ Male Female

Life Threatening Medical Conditions: WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the School Nurse with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE THREATENING HEALTH CONDITION?** NO YES

If yes, please state condition: _____

- NO YES Severe allergic reaction to bee sting? Please describe reaction:
Anaphylactic: NO YES
- NO YES Severe allergic reaction to **food or nuts**? Type:
Anaphylactic: NO YES Please describe reaction:
- NO YES Mild allergic reaction to **food, nuts or other**? Type:
Please describe reaction:
- NO YES Asthma? Will your child require asthma management during school hours? NO YES
- NO YES Diabetes? Type: _____ Self Manage: NO YES Pump: NO YES
- NO YES Heart Condition? Diagnosis: _____ Pacemaker: NO YES
- NO YES Bleeding Disorder? Diagnosis: _____
- NO YES Seizure/Neurological Disorder? Please describe: _____
- NO YES GI/Feeding Condition? Please describe: _____
- NO YES Bowel/Bladder Condition? Please describe: _____
- NO YES Other health concerns? _____
- NO YES Does your child have any other condition that would affect classroom performance or PE activities?
Please describe: _____
- NO YES Behavioral/Emotional/Academic Concerns: _____
- NO YES Visual Impairment? Glasses Contacts Date of last eye exam: _____
- NO YES Hearing Impairment? Hearing Aids YES Date of last hearing exam: _____

Health Insurance Company: _____

Primary Care Provider: _____ Last exam: _____

Dentist: _____ Last dental exam: _____

Daily Medications

State law requires written authorization from a Health Care Provider and parent before **any** medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

- NO YES. Medication need at school: Please specify: (authorization needed) _____
- NO YES. Medication needed at home: Please specify: _____

Parent/Guardian Contact Phone Numbers: Please order from 1-3 which number to call first.

Cell:	Work:	Home:
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Parent/Guardian (Printed Name): _____

Parent/Guardian Signature: _____