

**Corpus Christi Parish**  
**Religious Education Registration Form For Grades 1 – 8**

Thank you for registering for religious education (grades 1-8)! Please note the registration fee is \$80 per family. (If this is a hardship for families, there will be partial and full scholarships available.) Payment can be made to Corpus Christi Parish via mail or in person, or you may put it in an envelope marked religious education and drop it in a collection basket.

**Family Information**

Father's Name: \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

Father's Religion:

Catholic  
 Protestant

Mother's Name: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Mother's Religion:

Catholic  
 Protestant

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

\_\_\_\_\_

Do you want to receive the weekly newsletter via e-mail?  Yes  No

If yes, which e-mail address:  Mother's  Father's

**Child #1:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  Male  Female

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Baptize? Where?:

Yes, Corpus Christi Parish

Yes, elsewhere

No

If elsewhere, where did the Baptism take place? \_\_\_\_\_

***(Please provide a copy of your child's baptism certificate.)***

Other sacraments received (Check all that apply)

First Reconciliation/Penance

First Communion/Eucharist

Confirmation

Any special needs (medical/allergies, learning and/or physical disability?)

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**Child #2:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  Male  Female

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Baptized? Where?:

Yes, Corpus Christi Parish

Yes, elsewhere

No

If elsewhere, where did the Baptism take place? \_\_\_\_\_

***(Please provide a copy of your child's baptism certificate.)***

Other sacraments received (Check all that apply)

First Reconciliation/Penance

First Communion/Eucharist

Confirmation

Any special needs (medical/allergies, learning and/or physical disability?)

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**Child #3:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  Male  Female

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Baptized? Where?:

Yes, Corpus Christi Parish

Yes, elsewhere

No

If elsewhere, where did the Baptism take place? \_\_\_\_\_

***(Please provide a copy of your child's baptism certificate.)***

Other sacraments received (Check all that apply)

First Reconciliation/Penance

First Communion/Eucharist

Confirmation

Any special needs (medical/allergies, learning and/or physical disability?)

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**Child #4:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender:  Male  Female

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Baptized? Where?:

Yes, Corpus Christi Parish

Yes, elsewhere

No

If elsewhere, where did the Baptism take place? \_\_\_\_\_

***(Please provide a copy of your child's baptism certificate.)***

Other sacraments received (Check all that apply)

First Reconciliation/Penance

First Communion/Eucharist

Confirmation

Any special needs (medical/allergies, learning and/or physical disability?)

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