

Corpus Christi Parish
Religious Education Registration Form For Grades 1 – 7

Thank you for registering for religious education (grades 1-7)! Please note the registration fee is \$20 for the first child and \$15 for each additional child. There is a \$50.00 maximum family rate for those with more than three children. (If this is a hardship for families, there are 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: _____

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?)

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?)

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?)

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?)
