

REGISTRATION FORM FOR CORPUS CHRISTI
2021-2022 FAITH FORMATION & SACRAMENT PREPARATION

TODAY'S DATE: _____

Student Information

Student First & Last Name: _____ Goes by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Student Age: _____ Registered at Corpus Christi? Yes No

Student's Gender: _____ School: _____ Grade in fall: _____ Attended here before? Yes No

Which class(s) will student attend:

- | | | |
|--|--|--|
| <input type="checkbox"/> Catechesis of the Good Shepherd 1 | <input type="checkbox"/> Catechesis of Good Shepherd 2 | <input type="checkbox"/> Catechesis of Good Shepherd 3 |
| <input type="checkbox"/> 1 st Communion | <input type="checkbox"/> Confirmation | <input type="checkbox"/> Journey With Jesus |
| <input type="checkbox"/> Gospel Weeklies (Magazines) | <input type="checkbox"/> Generations of Faith | |

Birth Date: _____ Place of Birth: City: _____ State: _____ Country: _____

Baptism Date: _____ Place of Baptism: Church: _____

City: _____ State: _____ Country: _____

1st Communion Date: _____ Place of 1st Communion: Church: _____

City: _____ State: _____ Country: _____

What are student's school-related activities: _____

Allergies or other health concerns? _____

Parents / Primary Care Givers Residing in Household

First & Last Name: _____

First & Last Name: _____

What is your role: Father Mother Step-Father
 Step-Mother Other _____

What is your role: Father Mother Step-Father
 Step-Mother Other _____

Occupation: _____

Occupation: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Religion: _____

Religion: _____

Marital Status: _____

Marital Status: _____

I am Interested in Volunteering for:

I am Interested in Volunteering for:

Emergency Contact

In the event of an emergency, if you are unable to reach me, please contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone Number: _____

Phone Number: _____