

Corpus Christi R.C. Church  
Religious Education Program  
2016-2017  
Re- Registration Form

(for office use only)  
Amount \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_

Family ID: # \_\_\_\_\_  
Date: \_\_\_\_\_

**Re- REGISTRATION FORM 2016-2017**

**Parents Information**

Mother's Name \_\_\_\_\_  Head of Household  Single Parent  
Father's Name \_\_\_\_\_  Head of Household  Single Parent

**FAMILY INFORMATION**

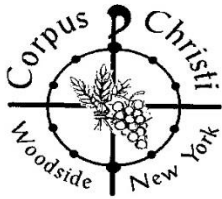
Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PHONE NUMBERS**

Home Telephone: ( ) - \_\_\_\_\_ **E-MAIL**  
Father's cell: ( ) - \_\_\_\_\_ Father's e-mail: \_\_\_\_\_  
Mother's cell: ( ) - \_\_\_\_\_ Mother's e-mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Full name: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Telephone: ( ) - \_\_\_\_\_ Cell phone: ( ) - \_\_\_\_\_



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**No. of children registering in the program:** ① ② ③ ④ other \_\_\_\_\_

Child's Information	<input type="checkbox"/> Child Attended Corpus Christi Last year	<input type="checkbox"/> Special Education
Name _____	Grade 2016-2017 _____	
Father's Name _____		

Child's Information	<input type="checkbox"/> Child Attended Corpus Christi Last year	<input type="checkbox"/> Special Education
Name _____	Grade 2016-2017 _____	
Father's Name _____		

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Name _____	Grade 2016-2017 _____	
Father's Name _____		