

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

(for office use only)

Amount \$ _____

Receipt # _____

Family ID: # _____

Date: _____

MOTHER'S INFORMATION

Mrs. Ms. Head of Household Single Parent

Mother's name: _____ Date of birth: _____

Place of birth: _____ Occupation: _____

Sacraments received: Baptism Communion Confirmation Marriage (Catholic) Marriage (civil)

FATHER'S INFORMATION

Mr. Head of Household Single Parent

Father's name: _____ Date of birth: _____

Place of birth: _____ Occupation: _____

Sacraments received: Baptism Communion Confirmation Marriage (Catholic) Marriage (civil)

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: _____

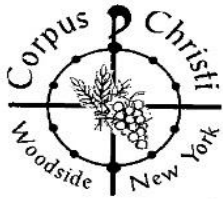
Telephone: () - _____ Cell phone: () - _____

Family Mass attendance: _____

Language spoken at home (check all that apply):

English Spanish Other: _____

No. of children registering in the program: ① ② ③ ④ Other: _____



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Attended Corpus Christi Last Year

Yes _____
NO _____

Family ID: # _____

Date: _____

Child's name: _____
First Middle Last

Child's date of birth: _____ \ _____ \ _____ Place of birth: _____

School grade for September 2016-2017: _____ School: _____

Father's name: _____
First Last

Is the child in special education? Yes No ESL Program: _____

Reason: _____

OTHER SIBLINGS IN THE PROGRAM

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

SACRAMENT INFORMATION

My child has received: Baptism Communion No Sacraments

Date of Baptism: _____ \ _____ \ _____ Copy? Yes No C.C
Month Day Year

Parish and location of Baptism: _____

Date of First Communion: _____ \ _____ \ _____ Copy? Yes No C.C
Month Day Year

Parish and location of First Communion: _____