



Corpus Christi R.C. Church  
Religious Education Program  
2018-2019  
Re- Registration Form

(for office use only)

Amount \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_

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

**Re- REGISTRATION FORM 2018-2019**

**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: ( ) - \_\_\_\_\_  
Father's cell: ( ) - \_\_\_\_\_  
Mother's cell: ( ) - \_\_\_\_\_

**E-MAIL**

Father's e-mail: \_\_\_\_\_  
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	Child Attended Corpus Christi Last year	Special Education
Name _____	Grade 2018-2019 _____	
Father's Name _____		

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Name _____	Grade 2018-2019 _____	
Father's Name _____		

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Name _____	Grade 2018-2019 _____	
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