



Corpus Christi R.C. Church
Religious Education Program
2018-2019
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 2018-2019: _____

School: _____

Father's name: _____

First

Last

Is the child in special education? Yes No

ESL Program: _____

Reason: _____

Notes:

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: _____