

# Corpus Christi Parish

## RELIGIOUS EDUCATION REGISTRATION - GRADES 1-8

**CLASSES MEET AT SCHOOL ON MONDAYS (SEPTEMBER 28, 2015 - MAY 16, 2016 ) FROM 3:45-5:00 P.M.**

#1 CHILD'S NAME					
Last	First	Middle	Check one: New Student _____ Returning Student _____		
Gender	Grade (in 2015-16)	Present School Attending	Date of Birth (mm-dd-yyyy)		
<input type="checkbox"/> Male	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th			
<input type="checkbox"/> Female	<input type="checkbox"/> 5th <input type="checkbox"/> 6th	<input type="checkbox"/> 7th <input type="checkbox"/> 8th			
Sacrament/Religious Education Information (*Attach copy of Baptismal Certificate - new students only.)					
Date of Baptism*	Church of Baptism		City/ State		
Roman Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Sacrament of Reconciliation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First Holy Communion	Church of First Holy Communion		City/State		
#2 CHILD'S NAME					
Last	First	Middle	Check one: New Student _____ Returning Student _____		
Gender	Grade (in 2015-16)	Present School Attending	Date of Birth (mm-dd-yyyy)		
<input type="checkbox"/> Male	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th			
<input type="checkbox"/> Female	<input type="checkbox"/> 5th <input type="checkbox"/> 6th	<input type="checkbox"/> 7th <input type="checkbox"/> 8th			
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Date of First Holy Communion	Church of First Holy Communion		City/State		
Mother					
First Name		Last Name		Religion	
Street Address			City	State	ZIP Code
Cell Phone ( )	Work Phone ( )	Email Address	Registered at Corpus Christi Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	If other parish, name of home parish:	
Father					
First Name		Last Name		Religion	
Street Address			City	State	ZIP Code
Cell Phone ( )	Work Phone ( )	Email Address	Registered at Corpus Christi Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No	If other parish, name of home parish:	
Emergency Information					
Emergency Contact Name	Relationship		Cell Phone	Work Phone	
Fee (Make checks payable to: Corpus Christi Parish.)					
<input type="checkbox"/> One child \$140		<input type="checkbox"/> Two children \$210		<input type="checkbox"/> *First Communion Fee \$40 per child.	
*The extra fee for children making First Communion covers the cost of a group and individual photo and a Praying Hands kit as a memento of the day.					
Parent/Guardian Signature					
Signature				Date	

**Return\* Registration Form, Check & Copy of Baptismal Certificate to:**

**Phone: (310) 454-1328 ext. 226**

**Email: [janey@corpuschristichurch.com](mailto:janey@corpuschristichurch.com)**

**Jane Young, Director of Religious Education  
Corpus Christi Parish  
880 Toyopa Drive  
Pacific Palisades, CA 90272**

**\*Sign parent VIRTUS Safeguard the Children permission slip on back side of this form.\***