

Corpus Christi Parish

RELIGIOUS EDUCATION REGISTRATION - GRADES 1-8

For Office Use Only
 VIRTUS _____ Baptism _____
 Check Amount \$ _____

CLASSES MEET AT SCHOOL ON MONDAYS (SEPTEMBER 19, 2016 - MAY 22, 2017) FROM 3:45-5:00 P.M.

#1 CHILD'S NAME

Last	First	Middle	Check one: New Student _____ Returning Student _____
<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 _____
<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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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
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Fee (Make checks payable to: Corpus Christi Parish.)

<input type="checkbox"/> One child \$150	<input type="checkbox"/> Two children \$220	<input type="checkbox"/> *First Communion Fee \$50 per child - if receiving sacrament this year.
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*The extra First Communion fee covers the cost of a professional group and individual photo, felt banner kit, and a *Praying Hands* kit as a memento of the day.

Parent/Guardian Signature

Signature	Date
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Return Registration Form, Check & Copy of Baptismal Certificate to:	Jane Young, Director of Religious Education
	Corpus Christi Parish
Phone: (310) 454-1328 ext. 226	880 Toyopa Drive
Email: janey@corpuschristichurch.com	Pacific Palisades, CA 90272

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