

**CORPUS CHRISTI PARISH
RELIGIOUS EDUCATION FAMILY REGISTRATION**

PAID : DATE _____
SINGLE _____
FAMILY _____

FAMILY NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

FAMILY E-MAIL ADDRESS _____

FATHER'S NAME _____ PHONE _____

SACRAMENTS RECEIVED: BAPTISM _____ COMMUNION _____ CONFIRMATION _____

MOTHER'S NME _____ PHONE _____

MAIDEN NAME _____

SACRAMENTS RECEIVED: BAPTISM _____ COMMUNION _____ CONFIRMATION _____

MARITAL STATUS _____

CHILDREN LIVE WITH: MOTHER _____ FATHER _____ BOTH _____ OTHER _____

WHERE AND HOW OFTEN DOES YOUR FAMILY ATTEND MASS? _____

EMERGENCY CONTACT DURING CLASS TIMES _____

CHILDREN'S INFORMATION:

1. NAME _____ BIRTHDATE AND PLACE _____

SCHOOL _____ GRADE _____

PROGRAM DAY AND TIME PREFERRED _____

MEDICAL CONDITIONS, ALLERGIES OR MEDICATIONS _____

SACRAMENTS: DATE PARISH CITY, STATE

BAPTISM _____

FIRST COMMUNION _____

CONFIRMATION _____

2. NAME _____ BIRTHDATE AND PLACE _____

SCHOOL _____ GRADE _____

PROGRAM DAY AND TIME PREFERRED _____

MEDICAL CONDITIONS. ALLERGIES OR MEDICATIONS _____

SACRAMENTS: DATE PARISH CITY, STATE

BAPTISM _____

FIRST COMMUNION _____

CONFIRMATION _____

3. NAME _____ BIRTHDATE AND PLACE _____

SCHOOL _____ GRADE _____

PROGRAM DAY AND TIME PREFERRED _____

MEDICAL CONDITIONS, ALLERGIES OR MEDICATIONS _____

SACRAMENTS DATE PARISH CITY, STATE

BAPTISM _____

FIRST COMMUNION _____

CONFIRMATION _____

ADULT MINISTRY OPPORTUNITIES

CURRENTLY INVOLVED

WOULD LIKE MORE INFORMATION

_____	_____	BILINGUAL MINISTRY (HELPING TO TRANSLATE)
_____	_____	ROOM MOTHER/FATHER FOR _____
_____	_____	STEWARDSHIP COMMITTEE
_____	_____	CHILDREN'S LITURGY OF THE WORD VOLUNTEER
_____	_____	HOSPITALITY COMMITTEE
_____	_____	TEACHER FOR GRADE _____ ON _____ AT _____
_____	_____	SUBSTITUTE TEACHER
_____	_____	SMALL FAITH COMMUNITIES
_____	_____	LITURGICAL MINISTRY (CIRCLE ONE)
LECTOR	EUCHARIST MINISTER	MUSIC
_____	_____	_____ PLEASE CONTACT ME ABOUT ADULT SACRAMENT PREPARATION

PLEASE READ CAREFULLY AND SIGN BELOW

I/WE PARENTS/GUARDIANS OF THE ABOVE NAMED CHILDREN HEREBY GIVE PERMISSION FOR THEIR PARTICIPATION IN CORPUS CHRISTI RELIGIOUS EDUCATION PROGRAMS AND ACTIVITIES FOR THE _____ SCHOOL YEAR. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. I/WE HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR CHILDREN TO AND FROM ANY RELIGIOUS EDUCATION ACTIVITY, FROM ANY CLAIM ARISING OUT OF ANY INJURY TO MY/OUR CHILDREN, WHETHER THE RESULT OF NEGLIGENCE OR FROM ANY CAUSE, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

FATHER'S SIGNATURE _____ DATE _____

MOTHER'S SIGNATURE _____ DATE _____

EMERGENCY RELEASE INFORMATION:
 IN CASE OF EMERGENCY OR DISASTER, WE WILL KEEP YOUR CHILDREN HERE WITH US UNTIL YOU OR YOUR DESIGNATED REPRESENTATIVE COME TO PICK THEM UP. PLEASE LIST THOSE PEOPLE AUTHORIZED TO PICK UP YOU CHILDREN:

1. _____ RELATIONSHIP _____ PHONE _____

2. _____ RELATIONSHIP _____ PHONE _____

3. _____ RELATIONSHIP _____ PHONE _____