



Family Last Name: _____

Street Address: _____ Apt. # _____ City: _____ Zip Code: _____

Home Phone: _____ Family email: _____

Father's Name: _____

Cell #: _____ Work #: _____

Mother's Name: _____

Cell #: _____ Work #: _____

Child 1 Last Name: _____ First: _____ Middle: _____

Lives with: Both Parents Father Mother Grandparents Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ **Grade:** _____

Sacraments Received: Baptism Reconciliation Eucharist Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

Child 2 Last Name: _____ First: _____ Middle: _____

Lives with: Both Parents Father Mother Grandparents Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ **Grade:** _____

Sacraments Received: Baptism Reconciliation Eucharist Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

COPY OF BAPTISMAL CERTIFICATE REQUIRED AT REGISTRATION FOR STUDENTS IN EUCHARIST/CONFIRMATION CLASS

Our Program times are as follows: **PLEASE CIRCLE ONE DAY/TIME FOR YOUR ELEMENTARY SCHOOL CHILD**

TUESDAY	WEDNESDAY	CIC	NEW: Required Parent Retreat (Circle one date)
K – 4th 4:15 – 5:45 pm or 6:00 – 7:30 pm <u>5th Grade Group</u> 6:00 – 7:30 pm	K – 4th 2:15 – 3:45 pm	CIC Year 1 Sunday, 9:45-10:45 am CIC Year 2 Wednesday, 5:00-6:00 pm	August 19 August 26 September 9

Carpool/Teacher Request: _____

K – 5th & CIC REGISTRATION FEES: _____ 1 Child: \$75 _____ 2 Children: \$125 _____ 3 or more Children: \$150

_____ Sacramental fee: \$20 (additional fee for Grade 2 Reconciliation & Grade 3 Eucharist/Confirmation)

SUNDAY	SUNDAY
6th - 8th JR. HIGH 3:00 – 4:30 pm	9th – 12th HIGH SCHOOL 6:00 – 8:30 pm

JR. HIGH & H.S. REGISTRATION FEES: \$25 per child _____ # of Jr. High/High School Students

Please make checks payable to: **Corpus Christi Catholic Church**

***** **PLEASE COMPLETE BACK SIDE OF FORM** *****

Child 3 Last Name: _____ First: _____ Middle: _____

Lives with: ___ Both Parents ___ Father ___ Mother ___ Grandparents ___ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ **Grade:** _____

Sacraments Received: ___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

Child 4 Last Name: _____ First: _____ Middle: _____

Lives with: ___ Both Parents ___ Father ___ Mother ___ Grandparents ___ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ **Grade:** _____

Sacraments Received: ___ Baptism ___ Reconciliation ___ Eucharist ___ Confirmation Yrs of Religious Education _____

Allergies, Medical Conditions, custody or other issues we should be made aware of: _____

Roman Catholic Diocese of Phoenix
Photographic and Interview Release

Today's date: _____

I hereby grant my consent to use and release to the Catholic Diocese of Phoenix and Corpus Christi Catholic Church, the use of my child's name or likeness, whether in still, motion pictures, audio and videotape, photograph and/or other reproduction including voices and features with or without names for any promotional purposes involving the Diocese or Corpus Christi Catholic Church, news or feature stories in our Bulletin, The Catholic Sun, or local media, except for the endorsement of any commercial products.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions must be made by parents/guardians; therefore, this release form must be signed by parents/guardians when the individual is a minor.

Student Name (Please Print Name)

Address City, State, Zip Code

Phone

Signature – Parent/Guardian (if minor)

Address City, State, Zip Code

Phone

Date received: _____ **Amt. received:** _____ **Check #:** _____ **Cash:** _____ **Charge:** _____

Balance Due: _____ **Receipt No.:** _____ **PDS:** _____