



**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 – 5th 4:15 – 5:45 pm or 6:00 – 7:30 pm	K – 5th 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 September 23

**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:** \_\_\_\_\_ **Payment received:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Cash:** \_\_\_ **Charge:** \_\_\_ **PDS:** \_\_\_\_\_

Questions? Contact us at 480-893-1160

