

CORPUS CHRISTI CATHOLIC EDUCATION



2023-2024 REGISTRATION FORM

Family Last Name: _____

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

Home Phone: _____

Father's Name: _____

Cell #: _____ Email: _____

Mother's Name: _____

Cell #: _____ Email: _____

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

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

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

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

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

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

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

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

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

Allergies, Medical Conditions, Custodial 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	TUESDAY	WEDNESDAY	
K – 5th 4:15 – 5:30 pm	K – 5th 6:00 – 7:15 pm	K – 5th 2:45 – 4:00 pm	

Carpool/Teacher Request: _____

K – 5th 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)**

TUESDAY	SUNDAY			
6th – 8th JR. HIGH SCHOOL 6:00 – 7:30 pm	9th – 12th HIGH SCHOOL 6:00 – 8:30 pm			

JR. HIGH & H.S. REGISTRATION FEES: _____ \$25 per child

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 Only _____ Mother Only _____ Grandparents _____ Other: _____

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

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

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

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

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

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

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

Allergies, Medical Conditions, Custodial 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. _____			Recorded: _____