

Corpus Christi Parish
Faith Formation Program: Grades 1-12
Registration Form

Student _____
Last Name First Name Date of Birth

Address _____
Address, City, Zip Code Phone _____

e-mail address _____

Grade _____

Father _____ Religion _____
Last Name First Name

Mother _____ Religion _____
Last Name First Name

Mother's Family Name _____

To whom should communications be mailed: _____
Name Relation to Student

Address, City, Zip Code

Would like to receive info via text-messages: ___yes ___no Cell Phone Number _____

Other Parent:

Name _____ Phone # _____

Address _____
Address, City, Zip Code

Name(s) of sisters/brothers in program

Family is registered at Corpus Christi Parish _____

Sacraments:

Church

Date

(Month-Day-Year)

Baptism _____

First Eucharist _____

Confirmation _____

_____ I hereby authorize the use of my child's picture(s) by Corpus Christi Parish for use in printed publications or on the Corpus Christi Parish website, Facebook or in Corpus Christi Parish videos. No identification will be used with the photo(s).

Parent/Legal Guardian Signature

Date