

**RELIGIOUS EDUCATION REGISTRATION FORM**

**(PreKindergarten to 12th grade)**

**2016-2017**

**FAMILY’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT NAME:**

**HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU A REGISTERED/\*SUPPORTING MEMBER OF THE CATHEDRAL PARISH? \_\_\_\_YES \_\_\_NO**

**\*Supporting means you are using envelopes and tithing.**

If no, then you must register in order for your children to attend our Religious Education classes. Please ask for a Parish Registration form.

**There is a registration fee of $15.00 per child for materials for registered Cathedral parishioners. Donations to help support the work of Religious Education are welcome and you may make checks payable to Corpus Christi Cathedral and on the memo section of your check write *Religious Education.* Non-parishioners are asked for a $25 fee per child for materials. (If registration fees create a hardship for a family, please contact the Director of Religious Education.)**

**If you would like to register by mail, please complete this form and return it by August. 25th to:**

**Corpus Christi Cathedral**

**Religious Education Department**

**505 N. Upper Broadway**

**Corpus Christi, Texas 78401**

**The Religious Education Email Address is:** [**religioused@cccathedral.com**](mailto:religioused@cccathedral.com) **Phone: (361) 883-4213 ext. 21**

**Religious Education Contact Personnel: Deacon Adelfino Palacio, Ms. Orfie Hernandez, and Sr. Theresa Moolan**

**CLASSES ARE ON SUNDAYS FROM 10:45a.m. to 12:00 p.m.**

IF ADULT(S) NEEDS SACRAMENTAL PREPARATION, DO YOU WISH TO ENROLL IN RCIA CLASSES? \_\_\_\_YES \_ \_\_NO

IF YES, PLEASE COME BY THE RELIGIOUS EDUCATION OFFICE FOR FURTHER INFORMATION.

**RCIA CLASSES MEET ON WEDNESDAY EVENINGS FROM 7:00 P.M. – 8:30 P.M. IN ROOM 1)**

**For Office Use Only:**

**Tuition Pd.: (Please write √ by amount paid.)  
 \_\_\_\_\_\_\_\_\_\_$15 (1 child) \_\_\_\_\_\_\_\_$25 (2children) \_\_\_\_\_\_\_$40 (Family)**

**Check No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGISTRATION FORM**

**2016-2017**

**CHILD: LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MIDDLE:\_\_\_\_\_\_\_\_\_\_\_\_SUFFIX: JR. II**

**Preferred Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F**

***Relationship to Head of Household*: child stepchild grandchild niece nephew foster child**

**(If Head of Household is guardian of child, please provide a legal notarized document authorizing guardianship and/or a notarized letter of permission by parent to attend classes.)**

**DATE OF BIRTH: PLACE OF BIRTH:u AGE:\_\_\_\_**

**GRADE:\_\_\_\_\_\_\_**

**SCHOOL ATTENDING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If attending Catholic School, please complete the “Catholic School Form”.**

***Circle all the Sacraments CHILD has received and write the name of the parish in space provided***

**Baptism 1st Penance and Holy Communion Confirmation**

**Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DID YOUR CHILD ATTEND RELIGION CLASSES LAST YEAR?\_\_\_YES\_\_\_NO**

**If yes where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide proof of attendance from the school or parish other than Cathedral.**

**EMERGENCY CONTACT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEAD OF HOUSEHOLD**

**LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MIDDLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE: Mr. Mrs. Ms. Miss Dr. SUFFIX: Sr. Jr. III GENDER: M F**

**Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Maiden Name if mother is head of household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MARITAL STATUS: Single Married Divorced Widowed**

***Circle all the Sacraments received:* Baptism 1st Penance Holy Communion**

**Confirmation Sacramental Marriage**

**SPOUSE/OTHER ADULT**

**LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MIDDLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE: Mr. Mrs. Ms. Miss Dr. SUFFIX: Sr. Jr. III GENDER: M F**

**Preferred Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Maiden Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MARITAL STATUS: Single Married Divorced Widowed**

**Circle all the Sacraments received: Baptism 1st Penance Holy Communion**

**Confirmation Sacramental Marriage**

**FOR OFFICE USE ONLY:**

**ASSIGNED CATECHIST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM #\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY INFORMATION RECORD**

**2016-2017**

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Catechist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_ Rm.#\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ST:\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

Telephone Number: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ST:\_\_\_\_\_\_Zip\_\_\_\_\_\_\_

Telephone Number: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TelephoneNumber\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child allergic to any medicines? Check \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

If yes, what are they?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any other allergies that we need to know about (especially life threatening allergies like peanuts)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date