



CORPUS CHRISTI CATHEDRAL

RELIGIOUS EDUCATION REGISTRATION FORM (PreKindergarten to 12th grade)

2017-2018

FAMILY'S LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

STUDENT(S) 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. 31st to:

Corpus Christi Cathedral
Religious Education Department
505 N. Upper Broadway
Corpus Christi, Texas 78401

The Religious Education Email Address is: religioused@cccathedral.com Phone: (361) 883-4213 ext. 202

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: _____

Copy of Baptism Certificate Provided: ___ Yes ___ No

Received by: _____ Date: _____

**REGISTRATION FORM
2017-2018**

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:** _____ **AGE:** _____

GRADE: _____ **SCHOOL ATTENDING:** _____

Circle all the Sacraments CHILD has received:

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

Please provide copy of Baptism certificate with the registration form.

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
2017-2018

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 _____
Telephone Number _____

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