

RELIGIOUS EDUCATION REGISTRATION FORM

STUDENT:		LAST NAME		FIRST NAME		MIDDLE		
ADDRESS:		STREET			CITY		STATE & ZIP	
DATE OF BIRTH:		BAPTISM RECEIVED (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>			FIRST HOLY COMMUNION RECEIVED (check one) Yes <input type="checkbox"/> No <input type="checkbox"/>			
GR. IN PUBLIC SCHOOL:			DOES YOUR CHILD HAVE ANY SPECIAL NEEDS: (If yes see below) Yes <input type="checkbox"/> No <input type="checkbox"/>					
WAS CHILD BAPTIZED AT CORPUS CHRISTI Yes <input type="checkbox"/> No <input type="checkbox"/> (If child was baptized elsewhere, please submit a copy of baptismal certificate)								
BIRTH CERTIFICATE MUST BE SUBMITTED WITH THIS REGISTRATION FORM								
FATHER		LAST NAME		FIRST NAME		MIDDLE		
ADDRESS		STREET			CITY		STATE & ZIP	
PRIMARY PHONE NUMBER:				E-MAIL ADDRESS:				
EMERGENCY CONTACT: NAME						PHONE		
MOTHER		LAST NAME		FIRST NAME		MIDDLE		
ADDRESS		STREET			CITY		STATE & ZIP	
PRIMARY PHONE NUMBER:				E-MAIL ADDRESS:				
SPECIAL NEEDS:								
Parent's Signature: _____ Date: _____								