



Corpus Christi Church

2021-22 Faith Formation Registration

Registración de Formación de Fe 2021-22

- **Registration Dates:** **Saturday, August 21** • 9:00 a.m.–12:00 p.m. • **Parish Office**
 Sunday, August 22 • 11:00 a.m.–2:00 p.m. • **Parish Office**
- **Días de Registración:** **Sábado, 21 de agosto** • 9:00 a.m.–12:00 p.m. • **Oficina Parroquial**
 Domingo, 22 de agosto • 11:00 a.m.–2:00 p.m. • **Oficina Parroquial**

Requirements / Requisitos

- Registration Form (one per child) / Formulario de Registración (uno por estudiante)
- Birth Certificate Copy / Copia de Certificado de Nacimiento
- Baptism Certificate Copy / Copia de Fe de Bautismo
- First Communion Certificate Copy (if applies) / Copia de Certificado de Primera Comunión (si aplica)
- Registration Payment (made at time of registration) / Pago de registraci3n (al tiempo de entregar la registraci3n):

Fees / Cuotas

- \$100 per child / \$100 por ni1o/a
- \$150 for 2 children / \$150 por dos ni1os/as
- \$200 for 3+ children / \$300 por 3+ ni1os/as
- Additional fee for First Communion and Confirmation retreat will be collected at a later time.
- Cuota adicional para el retiro de primera comuni3n y confirmaci3n se recolectar1 despu3s.

For Office Use:

Amount Paid: _____ **Cash / Check** _____ / **Credit Card** _____

Date: _____ **Received by:** _____

- FIRST COMMUNION — English
- FIRST COMMUNION — Spanish
- CONFIRMATION

MUST BE ATTACHED

- Birth Certificate
- Baptism Certificate
- First Communion Certificate



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Corpus Christi Faith Formation Program 2021-2022

Lista Para la Registración de Formación de Fe 2021-22

Are you registered at Corpus Christi? Yes No If no, what parish do you attend? _____

Student Information/Información del Alumno:

Last Name (Apellido): _____ First (Nombre): _____

Date of Birth (Fecha de Nacimiento): _____ Student Age (Edad): _____ Sex: M F

Place of Birth (Lugar de Nacimiento): _____

Current School (Escuela): _____ Grade level (Grado escolar): _____

Special Needs(Tiene necesidades especiales): _____

Parent's Information/Información de los Padres:

Mother's Name/
Nombre de la Madre: _____ Father's Name/
Nombre del Padre: _____

Mailing Address/Domicilio: _____ City: _____ Zip: _____

Parent EMAIL ADDRESS: _____

Parish of Attendance/Parroquia a la cual asisten: _____

Home Phone/
Teléfono: _____ Mother's Cell/
Cel. De Madre: _____ Father's Cell/
Cel. Del Padre: _____

If Not a Parent but a Guardian to the Student state this here/
Si usted tiene custodia legal del niño/a infórmenos aquí: _____

HEALTH AND MEDICAL INFORMATION

Child's Physician: _____ Office Phone: _____

Address: _____ Date of last physical exam: _____

Medical Plan: _____ Plan ID# _____

Do you authorize the adult leader to authorize medical treatment to your child
in an emergency, as considered necessary by the attending physician? Yes (Si) No (No)

If NO, briefly state reason why you do not want medical care given to your child in an emergency: _____

My child has difficulty with the following (circle all that apply)
ASTHMA FAINTING CONVULSIONS DIABETES HEART EYES EARS/HEARING NOSE THROAT MIGRAINES
DIGESTION MENSTRUAL PROBLEMS DAIRY ALLERGY NUT/PEANUT ALLERGY SEASONAL ALLERGIES ADHD

OTHER: _____

List all conditions for which your child requires ongoing medication and state the type and frequency of medication: _____

Signature of Parent/Guardian / Firma de Padre/Tutor: _____

Date / Fecha: _____

HEALTH AND MEDICAL INFORMATION

In case of emergency (other than parents) / En caso de emergencia (aparte de los padres).

Emergency contact / contacto de emergencia: _____

Relation / Relación: _____ Phone number / Número de teléfono: _____