

CHURCH OF CORPUS CHRISTI

9th GRADE PRE-CONFIRMATION PROGRAM REGISTRATION FORM

PLEASE PRINT CLEARLY

STUDENT'S NAME _____
LAST *FIRST* *MIDDLE*

BIRTH DATE _____ AGE _____ GENDER _____ SCHOOL _____

FATHER'S NAME _____ ADDRESS: _____

FATHER'S EMAIL (Very Important) _____

FATHER'S HOME PHONE _____ FATHER'S CELL PHONE _____

MOTHER'S NAME _____ ADDRESS: _____

MOTHER'S EMAIL (Very Important) _____

MOTHER'S HOME PHONE _____ MOTHER'S CELL PHONE _____

OTHER EMERGENCY CONTACT _____ PHONE _____

HAS THE STUDENT RECEIVED THE SACRAMENT OF BAPTISM? YES NO

HAS THE STUDENT RECEIVED THE SACRAMENT OF RECONCILIATION? YES NO

HAS THE STUDENT RECEIVED THE SACRAMENT OF EUCHARIST? YES NO

LIST ANY ALLERGIES, LEARNING NEEDS OR OTHER ACCOMMODATIONS THAT WE SHOULD BE AWARE OF:

Some may choose to car pool. Each person must fill out an individual registration form (where your choices are the same). List below the names in the pool in addition to your child.

1. _____ 2. _____

****Each faith formation family is asked to volunteer in some capacity. If everyone chooses one activity, the time commitment each year could be very small. Please see the website at www.corpuschristibismarck.com under the high school faith formation tab for a list of volunteer opportunities.**

Unless you notify the parish in writing, the Church of Corpus Christi assumes permission to use your child's photo (without name identification) for print/electronic communications at the parish. Your written

statement should be returned to the parish office. Please call with questions or concerns at 255-4600.