

# RELIGIOUS EDUCATION REGISTRATION 2017-2018

CORPUS CHRISTI PARISH / 35 ESSEX STREET / LAWRENCE, MA 01840

Father's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Guardian's Name (if not living with parent): \_\_\_\_\_

How we address correspondence?

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Child #1: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Has your child received first Communion? \_\_\_\_\_ first Penance? \_\_\_\_\_ (Yes/No)

Child #2: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Has your child received first Communion? \_\_\_\_\_ first Penance? \_\_\_\_\_ (Yes/No)

Child #3: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Has your child received first Communion? \_\_\_\_\_ first Penance? \_\_\_\_\_ (Yes/No)

Fee: \$75 per family      Amount Pd.: \_\_\_\_\_      Date: \_\_\_\_\_