

**CORPUS CHRISTI CATHOLIC EDUCATION**



**2021-2022 REGISTRATION FORM**

**Family Last Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Family email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Child 1 Last Name:** \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Lives with: Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Grandparents \_\_\_\_\_ Other: \_\_\_\_\_

M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School Attending: \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Sacraments Received:** \_\_\_Baptism \_\_\_Reconciliation \_\_\_Eucharist \_\_\_Confirmation Yrs of Religious Education \_\_\_\_\_

Allergies, Medical Conditions, custody or other issues we should be made aware of: \_\_\_\_\_

**Child 2 Last Name:** \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Lives with: Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Grandparents \_\_\_\_\_ Other: \_\_\_\_\_

M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School Attending: \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Sacraments Received:** \_\_\_Baptism \_\_\_Reconciliation \_\_\_Eucharist \_\_\_Confirmation Yrs of Religious Education \_\_\_\_\_

Allergies, Medical Conditions, custody or other issues we should be made aware of: \_\_\_\_\_

**COPY OF BAPTISMAL CERTIFICATE REQUIRED AT REGISTRATION FOR STUDENTS IN EUCHARIST/CONFIRMATION CLASS**

Our Program times are as follows: PLEASE CIRCLE ONE DAY/TIME FOR YOUR ELEMENTARY SCHOOL CHILD

TUESDAY	TUESDAY	WEDNESDAY	
K – 5th 4:15 – 5:45 pm	K – 5th 6:00 – 7:30 pm	K – 5th 2:30 – 4:00 pm	

**Carpool/Teacher Request:** \_\_\_\_\_

**K – 5th REGISTRATION FEES:** \_\_\_\_\_ 1 Child: \$75 \_\_\_\_\_ 2 Children: \$125 \_\_\_\_\_ 3 or more Children: \$150

\_\_\_\_\_ **Sacramental fee: \$20 (additional fee for Grade 2 Reconciliation & Grade 3 Eucharist/Confirmation)**

TUESDAY	SUNDAY			
6th – 8th JR. HIGH SCHOOL 6:00 – 7:30 pm	9th – 12th HIGH SCHOOL 6:00 – 8:30 pm			

**JR. HIGH & H.S. REGISTRATION FEES:** \_\_\_\_\_ \$25 per child

Please make checks payable to: **Corpus Christi Catholic Church**

\*\*\*\*\*PLEASE COMPLETE BACK SIDE OF FORM\*\*\*\*\*

**Child 3 Last Name:** \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Lives with: Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Grandparents \_\_\_\_\_ Other: \_\_\_\_\_

M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School Attending: \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Sacraments Received:** \_\_\_Baptism \_\_\_Reconciliation \_\_\_Eucharist \_\_\_Confirmation Yrs of Religious Education \_\_\_\_\_

Allergies, Medical Conditions, custody or other issues we should be made aware of: \_\_\_\_\_

**Child 4 Last Name:** \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Lives with: Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Grandparents \_\_\_\_\_ Other: \_\_\_\_\_

M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School Attending: \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Sacraments Received:** \_\_\_Baptism \_\_\_Reconciliation \_\_\_Eucharist \_\_\_Confirmation Yrs of Religious Education \_\_\_\_\_

Allergies, Medical Conditions, custody or other issues we should be made aware of: \_\_\_\_\_

**Roman Catholic Diocese of Phoenix  
Photographic and Interview Release**

Today's date: \_\_\_\_\_

I hereby grant my consent to use and release to the Catholic Diocese of Phoenix and Corpus Christi Catholic Church, the use of my child's name or likeness, whether in still, motion pictures, audio and videotape, photograph and/or other reproduction including voices and features with or without names for any promotional purposes involving the Diocese or Corpus Christi Catholic Church, news or feature stories in our Bulletin, The Catholic Sun, or local media, except for the endorsement of any commercial products.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions must be made by parents/guardians; therefore, this release form must be signed by parents/guardians when the individual is a minor.

\_\_\_\_\_  
Student Name (Please Print Name)

\_\_\_\_\_  
Address City, State, Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature – Parent/Guardian (if minor)

\_\_\_\_\_  
Address City, State, Zip Code

\_\_\_\_\_  
Phone

<b>Date received:</b> _____	<b>Amt. received:</b> _____	<b>Check #:</b> _____	<b>Cash:</b> _____	<b>Charge:</b> _____
<b>Balance Due:</b> _____	<b>Receipt No.</b> _____			<b>PDS:</b> _____

**General Waiver for Parish Participation  
Corpus Christi Catholic Church**

**Parish Participation**

I give permission for \_\_\_\_\_ to attend \_\_\_\_\_ parish ("Parish"), realizing that there is some potential for injury and illness inherent in all such Parish activities. I acknowledge that Parish is using is good faith, reasonable efforts to implement the recommendations of the Centers for Disease Control and Prevention (CDC), Arizona Department of Education, and state and local health authorities in light of the unique needs and circumstances of the Parish community, and in order to allow for in-person learning while protecting students, teachers, administrators, and staff and helping slow the spread of COVID-19. While the CDC states that these efforts help lower the risk of COVID-19 exposure and spread during parish sessions and activities, they cannot eliminate all risk of exposure and transmission, and Parish cannot ensure my child's complete safety.

By allowing my child to attend the Parish in person, therefore, I specifically acknowledge and assume the risks and hazards associated with my child's participation in all parish activities, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with teachers, administrators, staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in activities at parish. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health and has no current issues that make it unsafe for my child to participate in Parish activities, which may not have a medical professional on staff. I will notify the Parish and not send my child to Parish or Parish functions if my child develops a fever or other symptoms of illness or tests positive for COVID-19. Furthermore, I will not send my child to Parish or Parish functions if my child is sick, has COVID-19 symptoms, or has been in close contact with someone who shows symptoms of or has been diagnosed with COVID-19 until after a 14 day exposure period has been exhausted for my child with no symptoms. I further agree that I will follow, and will take reasonable steps to ensure that my child will follow all rules, policies and guidelines of Parish in order to protect other students, teachers, administrators, and staff and help slow the spread of COVID-19.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the Parish, the Diocese of Phoenix, their insurers, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any injury or illness, including those related to COVID-19, that may occur to my child, me, or my household members due to my child's participation in the Parish activity.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_