

Corpus Christi Children's & Youth Faith Formation - 2023-2024 Registration Form

Parent/Guardian 1 First Name: _____ Last Name: _____

Street Address: _____ Apt. # _____ City: _____

Zip Code: _____

Home Phone #: _____ Cell #: _____

Email: _____

Parent/Guardian 2 Sacraments Received: ☐ Baptism ☐ Confirmation ☐ First Eucharist

If you have not received one or more of the above sacraments,
are you interested in formation opportunities to receive a sacrament/sacraments? ☐ Yes ☐ No

Parent/Guardian 2 First Name: _____ Last Name: _____

Street Address: _____ Apt. # _____ City: _____
(if different from above)

Zip Code: _____

Home Phone #: _____ Cell #: _____

Email: _____

Parent/Guardian 2 Sacraments Received: ☐ Baptism ☐ Confirmation ☐ First Eucharist

If you have not received one or more of the above sacraments,
are you interested in formation opportunities to receive a sacrament/sacraments? ☐ Yes ☐ No

Child 1 Name: First: _____ Middle: _____ Last: _____

Lives with: Both Parents _____ Father Only _____ Mother Only _____ Grandparents _____ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ Grade: _____

Sacraments Child has Received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____ Yrs. of Religious Education _____

Allergies, Medical Conditions, Custodial or other issues we should be made aware of:

Please check the box next to your desired day(s)/time(s):

Note: Students in 4th grade and up receiving a sacrament must be enrolled in both their grade level program and Sunday Sacramental Prep class.

SUNDAY 3:00PM – 4:30PM

☐ Sacramental Prep (4th grade & up)

SUNDAY 6:00PM – 8:30PM

☐ High School Life Teen

TUESDAY 4:15PM – 5:30PM

☐ Pre-K / Kindergarten CGS Atrium

☐ 1st grade

☐ 2nd grade (Reconciliation)

☐ 3rd grade (Confirmation/Eucharist)

TUESDAY 6:00pm – 7:15pm

☐ Pre-K / Kindergarten CGS Atrium

☐ 1st grade

☐ 2nd grade (Reconciliation)

☐ 3rd grade (Confirmation/Eucharist)

☐ 4th/5th grade Bridge 45

☐ Jr. High Edge

WEDNESDAY 9:30AM – 11:15AM

☐ Pre-K / Kindergarten CGS Atrium

WEDNESDAY 2:45PM – 4:00PM

☐ Pre-K / Kindergarten CGS Atrium

☐ 1st grade

☐ 2nd grade (Reconciliation)

☐ 3rd grade (Confirmation/Eucharist)

Child 2 Name: First: _____ Middle: _____ Last: _____

Lives with: Both Parents _____ Father Only _____ Mother Only _____ Grandparents _____ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ Grade: _____

Sacraments Child has Received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____ Yrs. of Religious Education _____

Allergies, Medical Conditions, Custodial or other issues we should be made aware of:

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Child 3 Name: First: _____ Middle: _____ Last: _____

Lives with: Both Parents _____ Father Only _____ Mother Only _____ Grandparents _____ Other: _____

M/F: _____ Age: _____ Date of Birth ____/____/____ School Attending: _____ Grade: _____

Sacraments Child has Received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____ Yrs. of Religious Education _____

Allergies, Medical Conditions, Custodial or other issues we should be made aware of:

Please check the box next to your desired day(s)/time(s):

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☐ 1st grade

☐ 2nd grade (Reconciliation)

☐ 3rd grade (Confirmation/Eucharist)

Registration Fees

PRE-K – 5TH	
	1 Child: \$75 <input type="checkbox"/> 2 Children: \$125 <input type="checkbox"/> 3 or more Children: \$150 <input type="checkbox"/> Pre-K – Elementary Total: _____
JR. HIGH – H.S.	
	1 Child: \$25 <input type="checkbox"/> 2 Children: \$50 <input type="checkbox"/> 3 Children: \$75 <input type="checkbox"/> Jr. High – H.S. Total: _____
SACRAMENTAL FEE (for each child receiving a sacrament in the 2023-2024 school year)	
	1 Child Receiving a Sacrament: \$20 <input type="checkbox"/> 2 Children Receiving a Sacrament: \$40 <input type="checkbox"/> 3 or more Children Receiving a Sacrament: \$60 <input type="checkbox"/> Sacramental Fee Total: _____

REGISTRATION FEE TOTAL: _____

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

For families experiencing financial hardship, please contact the Faith Formation Office to set up a payment plan.

Copy of Baptismal Certificate required for all students receiving Confirmation/Eucharist
Please send to samantha.ureta@corpuschristiphx.org

Date received: _____	Amt. received: _____	Check #: _____	Cash: _____	Charge: _____
Balance Due: _____	Receipt No. _____	Recorded: _____		

Questions? Contact us at 480-893-1160.

Photographic and Interview Release
(Release by Parent/Guardian of Minor)

Please complete a form for each child.

I, _____ (print full legal name of parent or legal guardian), as the parent or legal guardian of _____ (print full legal name of minor) (hereinafter “the Minor”), hereby authorize Corpus Christi Catholic Church (the “Parish”) and its affiliated organizations and entities to record the Minor’s picture, voice and likeness in any photographs, films, video recordings, or other media during and in connection with the Minor’s participation in the Children's Faith Formation Program at the Parish, and to use the Minor’s name, picture, voice or likeness on the Parish website, in the Parish’s social media accounts, or in any other Parish-related publication or media without further compensation or permission.

I further agree to release the Parish, the Roman Catholic Church of the Diocese of Phoenix and all of their affiliated organizations and entities, and their licensees, employees and agents from any and all claims and liability for damages, losses or expenses of any kind arising from the use of the rights granted by this release, including, without limitation, any claims with respect to the Minor’s privacy or publicity.

I have read and understand the contents hereof and have the right and authority to execute this release on behalf of the Minor.

Parent/Guardian Consent

☐ I am the parent or legal guardian of the minor named above. I have the legal right to consent and **do** consent to the terms and conditions of this Release.

☐ I am the parent or legal guardian of the minor(s) named above. I have the legal right to refuse consent and **do not** consent to the terms and conditions of this Release.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____