

Corpus Christi Parish Faith Formation
218 Washington Place, Hasbrouck Heights, NJ 07604
201- 288-4844 ext. 142... reled@corpuschristihh.org

Registration Form _____
2021-2022

PLEASE PRINT CLEARLY

NEW REGISTRATION

RE-REGISTRATION

Child's Name (first and last)	Date of Birth	Grade in Sept.	*Program	Day	

* Program...

F = Family Session 1 x month (parent and child) Gr. 1-8 CIRCLE ONE: Sunday Morn. or Wednesday Eve.

W = Weekly (student only) CIRCLE ONE (Sunday Morning Gr. 1 to 6 + 7 and 8) or (only Gr.7 - 8 Monday Eve.)

Please note... If the weekly sessions are filled the only option available is the Family Session.

Parent's _____
MOTHER + MAIDEN FATHER LAST NAME

Address: _____
CITY ZIP-CODE

Main Contact Phone _____ Alternate Phone _____

E-Mail _____
(Please make numbers and letters clear)

Information concerning your child the office should know

(If more space is needed, please use back of form, and check this box)

Child: _____
SPECIAL NEEDS, ALLERGIES, EPI-PEN, LEARNING DIFFICULTIES, ETC.

Child: _____
SPECIAL NEEDS, ALLERGIES, EPI-PEN, LEARNING DIFFICULTIES, ETC.

Emergency Contact Information: (must be different from above phone numbers)

Contact Name: _____

Phone Number: _____

Relationship to child: _____

Registration Fee... 1 child - \$175 / 2 or more children - \$ 225

Plus, if applicable... 2nd Grade: Sacrament Preparation Program \$125 Not due at this time
8th Grade: Confirmation Preparation Program \$150 Not due at this time

Amount Paid: _____ Check #: _____ Cash

I have read the Corpus Christi Faith Formation Guidelines.

Do you give permission for your child's name and image to be included in publicity releases about parish events in the bulletin, parish website, social media, and local and diocesan newspaper? Yes No

Signature of Parent

Print Name

All information on this form will remain confidential