



**Corpus Christi Catholic Church**  
**INNOVATIVE RE**  
*(Religious Education)*  
**REGISTRATION**

Today's Date _____
1 Child: \$20
2 Children: \$30
3 or more: \$40

**Grades K - 5**

*Forms may be turned in to the office, in person or by mail with ATTN: Stacey*

Innovative RE (Religious Education) teaches kids religious and spiritual lessons using relatable, fun projects and community outreach service. Meets Wednesday, 4:30 – 5:30 PM

**PLEASE TAKE THE TIME TO READ EACH SECTION CAREFULLY AND CHECK/SIGN THE PROPER PLACES.**

FAMILY LAST NAME: _____	HOME PHONE: _____
ADDRESS: _____	
ZIP: _____	
FAMILY EMAIL ADDRESS _____	
Updates, monthly reminders/calendars, and permission forms will be sent via email.	

FATHER'S NAME (Stepfather/Guardian/Etc.) at above address: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____
MOTHER'S NAME (Stepmother/Guardian/Etc.) at above address: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

<b>EMERGENCY CONTACT NUMBER:</b> <b><u>(OTHER THAN PARENTS/GUARDIANS LISTED ABOVE)</u></b>
NAME: _____
PHONE: _____ RELATIONSHIP TO YOUTH/FAMILY: _____

#1	YOUTH'S NAME: _____ GRADE: _____
	DATE OF BIRTH: _____ SCHOOL: _____
	EMAIL ADDRESS: _____
	Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation
#2	YOUTH'S NAME: _____ GRADE: _____
	DATE OF BIRTH: _____ SCHOOL: _____
	EMAIL ADDRESS: _____
	Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation
#3	YOUTH'S NAME: _____ GRADE: _____
	DATE OF BIRTH: _____ SCHOOL: _____
	EMAIL ADDRESS: _____
	Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

<b>OFFICE USE ONLY:</b>
Date Turned In/Initials: _____
Entered in DATABASE: _____ Date Entered/Initials - Shelby: _____
Parish Where Registered: _____

*By signing up for this program, we acknowledge that there are events that will go off campus.*

My son / daughter \_\_\_\_\_ has my permission to attend all activities provided for **Innovative RE/Youth Groups/Confirmation**. I understand that Corpus Christi, the employees and volunteers of Corpus Christi Catholic Church, and the Diocese of Tucson are not responsible in case of injury. I also give permission for the pastor, associate pastor, youth minister, or adult volunteer leaders to issue emergency medical assistance should that be required. If my child should be rendered to a hospital or emergency facility, I give permission for my child to receive medical treatment. I will retain responsibility for expenses incurred at that time. I also understand that if it is decided to dismiss my child during any event, I am responsible to come and pick up him/her immediately.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

### **PHOTO RELEASE**

Corpus Christi Church has my permission to have my student's picture taken while attending Innovative RE/Youth Groups/Confirmation activities. The pictures will be used at the parish (i.e., newsletters, bulletins, bulletin board, flyers, slideshows, etc.) and our parish website and/or Facebook page. Photos on parish websites and parish social media sites will not and cannot be tagged with individual names.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

### **MEDICAL INFORMATION**

Corpus Christi Church volunteers/staff have my permission to administer over-the-counter medications such as Tylenol, Neosporin, Tums, etc., when requested by the student. List any medical/food allergies your child(ren) may have.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**