

# Christ the Redeemer

12745 Oriole Avenue, Grand Terrace CA 92313-6135 \* Telephone (909) 783-3811 FAX (909) 783-4689

## Parish Registration Form



I understand that by becoming a member of the Christ the Redeemer Catholic Community I am called to:

- Attend Mass regularly at this parish.
- Use my Sunday collection envelopes
- Support the Ministries of my parish.
- Check here to register in Religious Education ONLY

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Env. #: \_\_\_\_\_

	Individual Information	Head of Household	Spouse
Family Name	Last Name		
Head of Household	First Name		
Spouse	Middle Name		
Maiden Name	Date of Birth		
Address	<b>Baptized/Date</b>		
City / State / Zip	Church Name		
E-mail Address	City & State		
Daytime Telephone ( )	<b>First Communion Date</b>		
Evening Telephone ( )	Church Name		
Head of Household Cell ( )	City & State		
Spouse Cell ( )	<b>Confirmed Date</b>		
Is your household Catholic? Yes / No Other:	Church		
How should mail to your home be addressed? Circle one	City & State		
Dr & Mrs Dr & Mr Mr & Mrs	Religion		
Ms. Miss Other:	Employer		
Primary Language spoken in your home?	Occupation		
	Gender	Male / Female	Male / Female
	Ethnicity		

Emergency Contact Name:	Relationship:	Phone:
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**Marriage Information:**

Date of Church Marriage: \_\_\_\_\_ If Civil Marriage, Date: \_\_\_\_\_

Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_

Divorced? Yes / No Separated? Yes / No Annulled? Yes / No

May we help you have your marriage blessed? Yes / No

**Special Needs:** \_\_\_\_\_ Yes / No

Describe: \_\_\_\_\_

**Please write any comments below:**

\_\_\_\_\_

OFFICE	USE ONLY
Budget Account:	
Time & Talent:	
Class Assignment:	
Computer:	
Letter:	
Labels/Envs:	
Env# Assigned:	

# Christ the Redeemer – Catechetical Ministry Registration Section

**CERTIFICATES REQUIRED** (Will be verified by administrator) : **Birth**  **Baptism**  **1<sup>st</sup> Holy Communion**

Family Last Name \_\_\_\_\_

Env# \_\_\_\_\_

**For the protection of children please provide the following information**

If divorced or separated, provide name of Custodial Parent: \_\_\_\_\_

Custodial Parent Address/City/Zip: \_\_\_\_\_ Phone \_\_\_\_\_

**Adult person(s) other than parent authorized to sign your child in and out of class.** \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Photograph/Video Approval Of My Children For Church Activities:**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Parent/Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Child's Full Name:		Grade	Day	Class Assignment
Birthdate	Place of Birth (City & State)			

	<u>Date</u>	<u>Church</u>	<u>City &amp; State</u>
Baptism	_____	_____	_____
1 <sup>st</sup> Penance	_____	_____	_____
1 <sup>st</sup> Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Child's Full Name:		Grade	Day	Class Assignment
Birthdate	Place of Birth (City & State)			

	<u>Date</u>	<u>Church</u>	<u>City &amp; State</u>
Baptism	_____	_____	_____
1 <sup>st</sup> Penance	_____	_____	_____
1 <sup>st</sup> Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Child's Full Name:		Grade	Day	Class Assignment
Birthdate	Place of Birth (City & State)			

	<u>Date</u>	<u>Church</u>	<u>City &amp; State</u>
Baptism	_____	_____	_____
1 <sup>st</sup> Penance	_____	_____	_____
1 <sup>st</sup> Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

**STEWARDSHIP AGREEMENT**

Tuition Due \$	Tuition Paid \$	Check <input type="checkbox"/> Cash <input type="checkbox"/>	Receipt #	Receipt Date	Rec'd By
No. of Payments:		Payments Amt.:		Period:	

Parent/Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_