St. Pius X Parish
Religious Education Registration

5620 Gollihar Rd, Corpus Christi, Texas 78412 (361) 993-9024

Parent/Guardian Information

Father _____ Phone: _____ _____ _____
Last name *First name* *Home* *Work* *cell/pager*

E-mail _____ Religion _____ Occupation _____

Mother: _____ Phone: _____ _____ _____
Last name *First name* *Home* *Work* *cell/pager*

E-mail _____ Religion _____ Occupation _____

Mailing address: _____Zip _____

Home address (if different) _____ Zip_____

Marital Status: ____Married ___Separated ____Divorced

Parish Information: ___Registered Parishioners ____Registered in another Parish_____
___not registered in any Parish *Name of Parish*

Name of Child_____(_____) Age_____
First Middle Last known as or nickname

Birth Date: ____/____/_____ Gender____ School attending _____ Grade _____

Attended CCD last year? Y N Where? _____ Grade level?_____

Sacraments received: Baptism **Y** **N** Reconciliation **Y** **N**

Holy Communion **Y** **N** Confirmation **Y** **N**

Special needs: medical, learning disabilities, physical disabilities:_____

Name of Child_____(_____) Age_____
First Middle Last known as or nickname

Birth Date: ____/____/_____ Gender____ School attending _____ Grade _____

Attended CCD last year? Y N Where? _____ Grade level?_____

Sacraments received: Baptism **Y** **N** Reconciliation **Y** **N**

Holy Communion **Y** **N** Confirmation **Y** **N**

Special needs: medical, learning disabilities, physical disabilities:_____

Please attach copy of
Baptismal Certificate for each child.

Contribution: *children*
(no one is refused registration for inability to contribute)

1	**$25**
2	**$45**
3	**$55**