

**Corpus Christi First Communion / First Reconciliation Sacramental Preparation Registration Form**

Parents or Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

E-Mail Address (please fill this out): \_\_\_\_\_ Custodial Parent (if applicable): \_\_\_\_\_

We are a member of: \_\_\_\_\_ Corpus Christ \_\_\_\_\_ Other- Name of Parish: \_\_\_\_\_

**First Child's Name** (First and Last): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Received Baptism:        Yes        No

**Second Child's Name** (First and Last): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Received Baptism:        Yes        No

**Third Child's Name** (First and Last): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Received Baptism:        Yes        No

**Fourth Child's Name** (First and Last): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Received Baptism:        Yes        No

**Permission/ Release:**

I give permission for my child (ren) to participate in PSR. I voluntarily and knowingly accept and assume the known risks involved in the program for myself and my child(ren) in consideration for Corpus Christi allowing us to participate in the program. I hereby fully release of myself, executors, administrators, and assigns. I hereby fully release and forever discharge the parties named above, along with heirs, officers, agents, employees and volunteers. I understand and acknowledge the significances and consequence of my specific intention to release any and all such claim and I hereby assume full responsibility. This release is knowingly/voluntarily signed with the intent to be legally bound.

I understand that my child (ren) participation in Parish activities his/her picture could be taken and used in press releases, brochures, video, CD/DVDs, website, etc. for publicity use only. This authorization will remain in effect forever. I understand that I have the right to revoke this authorization at any time by submitting a written request. This agreement does not obligate the use of my child's picture.

\_\_\_\_ I grant permission

\_\_\_\_ I do NOT grant permission

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

**IMPORTANT- PLEASE DO NOT FORGET TO FILL OUT THE MEDICAL RELEASE FORM. IT IS REQUIRED FOR YOUR CHILD TO BE PARTICIPATING IN PSR.**