



Corpus Christi Parish

605 Luzerne Avenue, West Pittston, PA 18643 • Phone: 570-654-2753 • Fax: 570-654-9244

RELIGIOUS EDUCATION REGISTRATION 2024-2025

Student's Full Name _____

Address _____

City _____ ZipCode _____

Date of Birth _____ Age _____ Phone # _____

School
Currently Attending _____ Grade _____

Baptized at _____

*(Students in 2nd grade who were NOT baptized at Corpus Christi or St. Barbara Parishes,
PLEASE include a copy of his/her baptism)*

Health Information

(Is your child on any medication or are there any health needs, allergies, etc. we should be aware of? Please explain)

Would your son/daughter be interested in taking part in the Family Masses?

_____ Yes If yes, Reading part _____ Non-Reading part _____

_____ No

Parent/Guardian Information

Father's Name _____ Phone _____

E-Mail _____

Mother's Name _____ Phone _____
(Please include maiden name)

E-Mail _____

For correspondence purposes, whose information should we use?

Father's _____ Mother's _____

Emergency contact: (person other than parent)

Name _____ Phone # _____

Dismissal

Please list anyone (name & phone number), other than a parent/guardian who will be picking up your child from class.

A registration fee of \$30.00 per child (\$60.00 per family) which will be used to help defray the expense of books/teaching materials

Please complete this form and drop it in the collection or mail it to the rectory . If you have any questions, contact Joyce at icecconi50@gmail.com or at the rectory. Our DRE, Loretta Semenza, will be on site during class time. Please see Loretta with any questions or concerns you may have. Thank you.

Registration fee enclosed Yes _____ No _____

Parent/Guardian Signature _____ Date _____