Corpus Christi Parish

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

RELIGIOUS EDUCATION REGISTRATION 2026-2027

Student's Full Name_____

Address_____

City_____**ZipCode**_____

Date of Birth_____**Age**_____**Phone #**_____

School CurrentlyAttending_____**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.

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A registration fee of $40.00 per child ($80.00 per family) which will be used to help defray the expense of books/teaching materials

Please complete thls form and drop it in the collection or mail it to the rectory. If you have any questions, contact Joyce at jcecconi50@gmail.com or at the rectory. Or contact our DRE, Loretta Semenza at raettta@gmaail.com.
Thank you.

Registration fee enclosed **Yes**_____ **No**_____

Parent/Guardian Signature_____***Date***_____