

**OFFICE USE ONLY**

Date Received _____

Registration # _____

Name _____ Amount \$ _____ Check # _____

Corpus Christi Catholic Church
RELIGIOUS EDUCATION / CONFIRMATION REGISTRATION
2026-27

Family Last Name _____

Father (First Name) _____

Mother (First name and Maiden Name) _____

Address: _____

City: _____ Zip Code _____

Phone Numbers: Father's Cell () _____ - _____

Mother's Cell () _____ - _____

E-mail Address: _____

Student(s) live(s) with: Parents ____ Father ____ Mother ____ Other ____

Emergency Contact: In case of an emergency, we may need to contact a third party.

Name: _____ Phone Number: () _____ - _____

Tuition and Fee Payment

TUITION \$ _____

FEES \$ _____

DISCOUNTS (\$ _____)

TOTAL \$ _____

Payment can be made by check or cash. Payments can be made in six (6) or ten (10) month increments via a credit card through Vanco. The Payment Authorization form must be used. Payments must be completed by May 1st, 2027.

Please note: It is Corpus Christi's policy that no child shall be denied religious education due to genuine financial difficulty. Should this be the case, please contact the Religious Education Office.

Tuition and Fee Schedule 2026-27

Registration prior to 7-1-26:

One student -	\$200.00
Two students -	\$360.00
Three or more students -	\$440.00

Registration 7-1-26 and beyond:

\$220.00
\$380.00
\$460.00

Year Two and Genesis II Fees

Sacramental fee (Reconciliation and Communion) = \$ 50.00

Confirmation I Fees

Workbook fee - \$20.00 + Retreat fee - \$40.00 = \$ 60.00

Confirmation II Fees

Retreat fee - \$40.00 + Sacramental fee (Confirmation) - \$80.00 = \$120.00

Discounts

Payment in full by 6/30/26

\$25.00

Catechist Discount

50% (off of tuition only)

Schedule for RE/CONFIRMATION Classes

All sessions are held at Church

<u>Class Time</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>
9:10am To 9:55am	Genesis I & II			
4:00pm To 5:00pm		Grades 1-6		
5:15pm To 6:15pm		Grades 1-6		Grades 1-6
7:00pm To 8:15pm		Confirmation I & II	Confirmation I & II	

**NOTE: CLASS AVAILABILITY IS DEPENDENT UPON CATECHIST
AVAILABILITY AND CLASS SIZE**

STUDENT INFORMATION

WE MUST HAVE A COPY OF EACH STUDENT'S BAPTISMAL CERTIFICATE
ON FILE.

**Please use a star (*) to indicate which is most important:
Day, Time or Catechist (teacher)**

STUDENT:_____ **Birth date:**_____ **Sex:** M F
Attended RE last year: Yes No
Grade in Fall:_____ **School** _____
Sacraments celebrated: (Please check) Baptism ____ Confession ____ Communion____
Health/Allergy Problems: _____
Preferred Day: _____ **Time:** _____ **Catechist:** _____
(CLASS AVAILABILITY IS NOT GUARANTEED)

STUDENT:_____ **Birth date:**_____ **Sex:** M F
Attended RE last year: Yes No
Grade in Fall:_____ **School** _____
Sacraments celebrated: (Please check) Baptism ____ Confession ____ Communion____
Health/Allergy Problems: _____
Preferred Day: _____ **Time:** _____ **Catechist:** _____
(CLASS AVAILABILITY IS NOT GUARANTEED)

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