

FAMILY INFORMATION

Family Last Name _____ Parent(s) First Name(s) _____ Registered in Parish? Yes ____ No ____ Envelope # _____

Address _____ City _____ State _____ Zip _____ Telephone (____) _____

Email Address _____ If you have a child with special needs/medical restrictions, please note here _____
 *Please use back if additional space is needed

*By filling out and signing the bottom of this registration form, I authorize the CTR to use photographs of my child(ren) for educational or promotional purposes in any type of media including, but not limited to, Parish Website and social media accounts, unless Director of Faith Formation is formally notified in writing.

SACRAMENTAL REQUIREMENTS:

First Communion requires TWO consecutive years of Faith Formation prep with exception of students attending a parochial school. Confirmation requires TWO years of Confirmation program prep, with exception of students attending a parochial school. Contact DFF, Laurie Flanigan, LFLANIGAN@CTRCC.NET if unsure of program placement.

<u>STUDENT SECTION</u> <i>If registering more than 4 Students, please list them on the back of this form.</i>					SACRAMENTS ALREADY RECEIVED (Please provide copy of certificate)				SACRAMENTS TO BE RECEIVED AT THE END OF THE 2024-2025 SCHOOL YEAR				High School - REGISTER FOR LIFE TEEN ONLY
Child's Name	School	Grade	Date of Birth	Gender M/F	Baptism	First Recon	First Comm	Confirmation	Baptism	First Recon	First Comm	Confirmation	

Emergency Contact: _____ Phone number: _____ Relationship to Child(ren): _____

FEES (For all programs)

Parishioners: 1 Child, \$100; 2 children, \$125; 3+, children \$150 \$ _____

Non-parishioners: 1 Child, \$150; 2 children, \$175; 3+ children, \$200 \$ _____

Sacramental Fees

First Reconciliation _____ Children @ \$25/each \$ _____

First Communion _____ Children @ \$25/each \$ _____

Confirmation _____ Children @ \$25/Each \$ _____

Late Fee: add \$50 if received after JULY 30 \$ _____

TOTAL DUE \$ _____

A \$50 per family late fee will be assessed on registrations received after JULY 30.

Please make checks payable to "Christ the Redeemer", memo line "FFF 24-25"
 OR pay online by scanning the QR Code to the right.

Check amount: _____ Check #: _____

Online Payment Conf. #: _____



Parent/Guardian Signature: _____ Date: _____