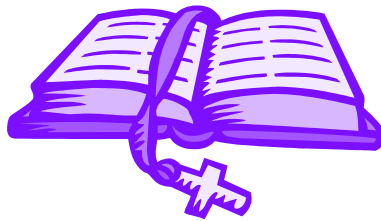


**OUR MOTHER OF MERCY
CATHOLIC CHURCH
1001 EAST TERRELL
FORT WORTH TEXAS 76104**

**Continuing Christian Education
(CCE)
2025-2026
Registration Form**



PARENTS INFORMATION

Family Last Name _____

Mother's First & Maiden _____ Catholic: **Yes No**

Father's Name _____ Catholic: **Yes No**

Address _____ Zip _____

Phone _____ Cell _____

E-mail address: _____

Are you a registered member of the parish? ____Y ____N

If no, please provide parish name and phone number:

Are you registering for _____ 1st Communion _____ Confirmation

STUDENTS' INFORMATION

Student's Name _____ Age _____ Grade _____

Date of Birth _____

Mother's First & Maiden Name _____ Catholic: **Yes No**

Father's Name _____ Catholic: **Yes No**

PLEASE CHECK THE SACRAMENTS YOUR CHILD HAS RECEIVED

_____ Baptism Parish _____ Year _____

○ Copy Baptismal Certificate Rec'd _____

_____ First Communion Parish _____ Year _____

_____ Confirmation...Parish _____ Year: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____ Telephone Number _____

Name _____ Telephone Number _____

My Child may be released to:

Name _____ Relationship _____ Telephone _____

If You are Preparing for 1st Communion or Confirmation, Please list the name of the God Parent: _____

Is God Parent a member of OMM? _____ Yes - _____ No

If not a member, List church name: _____

I will volunteer in the following position:

Teacher _____ Co-Teacher _____ Staff Support _____

PARENT SIGNATURE _____

Date: _____