

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

**Continuing Christian Education  
(CCE)  
2026-2027  
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 \_\_\_\_\_ 1<sup>st</sup> 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 1<sup>st</sup> 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: \_\_\_\_\_