Our Lady of the Assumption Church, Ingleside Texas Religious Education Enrollment Form 2025 - 2026

REGISTRATION PROCESS: (Open Enrollment starts September 1st and ends September 30th 2025)

Returning Students - Parents encouraged to re-enroll online https://corpuschristi.parishsoftfamilysuite.com

New Families or Parishioners not able to use online enrollment, please complete & deliver this form to the Parish office (M-F, 9:30 am-4pm) or to the CCE Dir RE office (Sunday AM or Wednesdays 10am-8pm) at the Parish Hall CCE Wing.

NOTE: Tuition for this CCE 2025-2026 year will be donated by OLOA Knights of Columbus							
1. FAMILY INFORMATION **New fa	milies are asked to submit a copy	of each child's B	aptism certifi	cate along w	vith this form.		
Child/ren's Last Name:							
Primary Mailing Address:							
City, State, Zip:							
Mother's Name:			Religion:				
Mother's Mailing Address:			Home #:				
City, State, Zip:			Work #:				
Mother's E-mail Address:			Cell #:				
Father's Name:			Religion:				
Father's Mailing Address:			Home #:				
City, State, Zip:			Work #:				
Father's E-mail Address:	Cell	Cell #:					
2. STUDENT INFORMATION If more than 3 children, please use an additional form							
	Child # 1	Chile	1 # 2		Child # 3		
First and Middle Name							
Gender	☐ Male ☐ Female	☐ Male ☐	Female	☐ Male	☐ Female		
Date of Birth: mm/dd/yy							
Where did your child receive Religious Education last year?					•		
Religious Education Level for 2025 – 2026	Please circle ONE: Pre-K K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	Please circl Pre-K K, 1, 2, 3 7, 8, 9, 10, 1	le ONE: , 4, 5, 6, 1, 12	Plea Pre-K 7,	sse circle ONE: .K, 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12		
Religious Education - Assigned Level OFFICE USE ONLY							
Received Catholic Baptism? If not, which denomination?	☐ Yes ☐ No	☐ Yes ☐ N	lo	☐ Yes	□ No		
Baptism Date							
Baptism: Church/City/State							
Received First Reconciliation?	☐ Yes ☐ No	☐ Yes ☐ N	lo	☐ Yes	□ No		
Received First Eucharist?	☐ Yes ☐ No	☐ Yes ☐ N	lo	☐ Yes	□ No		
Received Confirmation?	☐ Yes ☐ No	☐ Yes ☐ N	lo	☐ Yes	□ No		

3. SPECIAL NEEDS (EDUC	CATIONAL) INFORMAT	ION			
space is needed, please attach a	separate sheet to this form.It	be used for purposes related to as is recommended that parents of one tical leader to discuss learning in	children that have special needs		
Name of Child # 1:					
List any educational or behaviora	al needs (e.g. gifted, dyslexic	, ADD, slow reader, IEP, etc.)			
Name of Child # 2:					
List any educational or behaviora	al needs (e.g. gifted, dyslexic	, ADD, slow reader, etc.)			
Name of Child # 3:					
List any educational or behaviora	al needs (e.g. gifted, dyslexic	, ADD, slow reader, etc.)			
4. PICK-UP AUTHORIZATIO	ON				
Please list below those who are a	uthorized by you to pick-up	your child from class:			
1. Name:		Phone:			
Relationship to child:					
2. Name		Phone:			
Relationship to child:					
5. Religious Education	ON VOLUNTEER OPPOI	RTUNITIES			
participation of all parishione	ers. We are all asked to give	and sacramental preparation reve of our Time, Talent, and Treneck all those that are of interes	easure. Listed below are some		
Volunteer Name:		Volunteer Name:			
Service	Response	Service	Response		
Catechist	☐ Yes, in Levels:	Catechist	☐ Yes, in Levels:		
Teacher Aide	☐ Yes, in Levels:	Teacher Aide	☐ Yes, in Levels:		
Substitute	☐ Yes, in Levels:	Substitute	☐ Yes, in Levels:		
Room	☐ Yes, in Levels:	Room	☐ Yes, in Levels:		
Parent/Hospitality/		Parent/Hospitality/			
Hall Monitor		Hall Monitor			
Assist with Events or Celebrations or Christmas Pageant	☐ Yes	Assist with Events or Celebrations or the Christmas Pageant	☐ Yes		
1	1	1	1		