

CORPUS CHRISTI SCHOOL

Falls Church, VA 22042

REGISTRATION FORM /FORMULARIO DE INSCRIPCION

FAMILY ID # _____

Complete and sign the back of this form, and return as soon as possible with the registration fee. **REGISTRATION FEE IS NON-REFUNDABLE.**
 (Complete y firme este formulario en el reverso, y devuélvalo a la brevedad junto al pago de la inscripción. **EL DINERO DE LA INSCRIPCION NO ES REEMBOLSABLE**)

IMPORTANT: IN ORDER FOR THIS REGISTRATION TO BE COMPLETE: (Importante: la inscripción se completará sólo si):

- 1. THIS FORM MUST BE COMPLETE** (este formulario está completo)
- 2. ALL PREVIOUS BALANCES MUST BE PAID** (todos los balances debidos han sido pagados)
- 3. THE NON-REFUNDABLE REGISTRATION FEE MUST BE INCLUDED** (se anexa a ésta el pago de la inscripción)
 (Registration fee is \$100.00 for Preschool students)

PLEASE PRINT CLEARLY/FOR FAVOR ESCRIBA CLARO EN LETRAS DE MOLDE

STUDENT FULL NAME, NICKNAME (Nombre completo del estudiante, incluyendo apodo)	
GRADE ENTERING (grado al que ingresa)	
BIRTH DATE (fecha de nacimiento)	
RELIGION (religión)	
PARISH (IFCATHOLIC) (si es católico, ¿a qué parroquia pertenece?)	
SEX (sexo)	
CITY, STATE OF BIRTH (ciudad,estado de nacimiento)	
ADDRESS (dirección)	
HOME PHONE NUMBER (número telefónico en casa)	

PARENT INFORMATION (información sobre los padres)	MOTHER (madre)	FATHER (padre)
NAME & RANK (IF MILITARY) (nombre [y rango, si es militar])		
RELIGION (religión)		
COUNTRY OF BIRTH (país de nacimiento)		
OCCUPATION/EMPLOYER (ocupación/lugar de trabajo)		
MARITAL STATUS (estado civil)		
BUSINESS PHONE (teléfono oficina/trabajo)		
E-MAIL ADDRESS (dirección de correo electrónico)		

IS YOUR CHILD BAPTISED? Yes _____ No _____ IF YES, WHERE (PARISH) AND WHEN:

(¿Está bautizado su hijo? Si /No Si lo está, ¿dónde [parroquia] y cuándo fue bautizado?)

1) **EMERGENCY CONTACT (para emergencias)** _____

2) **EMERGENCY CONTACT (para emergencias)** _____

NAME/NON-PARENT (nombre/no los padres)

RELATION (relación)

PHONE (teléfono)

Does the child registering have any siblings attending Corpus Christi Elementary School or Early Childhood Center? Yes ___ No ___ If yes, please list names and grades here _____

For 3 year-old Students Only:

(children born between 10/01/05 and 9/30/06. Please indicate a first choice and a second choice)

- _____ 2 mornings a week (T/T, 8:55 -11:50)
- _____ 5 mornings a week (M-F, 8:55 – 11:50)
- _____ Full-Day day care (Opens 7:00 am – closes 6:00 pm)

For 4 year-old Students Only:

(children born between 10/01/04 and 9/30/05. Please indicate a first choice and a second choice)

- _____ 3 mornings a week (M/W/F, 8:55 – 11:50)
- _____ 5 mornings a week (M-F, 8:55 – 11:50)
- _____ 5 days full day(M-F, 8:50-2:55)
- _____ Full-Day day care (opens 7:00 am – closes 6:00 pm)

With whom does the student live? Parents___ Mother___ Father___ Shared ___ Guardian___ If student doesn't live with parents, please give name, address, phone number and relationship to child here _____

Public School Your Child Would Have Attended _____ How did you hear about our school? _____

Do you give permission to Corpus Christi to print your names, address and home phone for the School Directory to be distributed to the student body families? I do give permission _____ I do not give permission _____

FINANCIAL RESPONSIBILITY: I agree to comply with all financial policies of the School as described in the Parent/Student handbook. Full legal name of financially responsible party: (Responsabilidad Financiera: Me comprometo a cumplir con todas las políticas financieras de la Escuela, de acuerdo a como se describe en el Manual de Padres/Estudiantes):

Last Name (Apellido)	First Name (Nombre)	Signature (Firma)	Date (Fecha)	Home # (Teléfono casa)	Work # (teléfono oficina)
-------------------------	------------------------	----------------------	-----------------	---------------------------	------------------------------

For Office Use Only

Name	Reg Fee Amt	Check No.	Check Amt.	Date Rec'd	Rec'd By

DOB: _____ Cert # _____ Date Issued: _____ Place of Birth: _____ Date student is starting _____

Person Reviewing: _____ Date Reviewed: _____ Date Student Withdrew _____ Date student changed class _____