

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

**Continuing Christian Education
(CCE)
2020-2021
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, Name and telephone of Parish:

: _____

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 _____

____ Penance Parish _____ Year _____

____ First Communion Parish _____ Year _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____ Telephone Number _____

Name _____ Telephone Number _____

My Child may be released to:

Name _____ Relationship _____ Telephone _____

Other Pertinent Information:

I will volunteer in the following position:

Teacher _____ Co-Teacher _____ Staff Support _____

PARENT SIGNATURE _____

Registration forms are due to the Parish

Office by **August 31, 2020.**

By Mail: Our Mother of Mercy Catholic Church

1005 East Terrell Avenue

Fort Worth, TX 76104

By email: ourmother@omomftworth.org

In person: Place in the mail drop located in front of
Parish Life Center.