

Corpus Christi Parish
**RE[✚]IGIOUS
EDUCATION[✚]**

**Registration Checklist
2025-26**

- ☐ **Completed Registration Form** (Required each year)
- ☐ **Copy of Baptismal Certificate**
 - ☐ If baptized at Corpus Christi, and certificate is lost due to the fire, check here and we will contact you.
- ☐ **Annual Registration Fee** (Check payable to Corpus Christi Parish)
 - _____ \$175 one child
 - _____ \$300 two children (\$125 each additional child)
 - _____ **\$60 First Communion Fee**
(Per child receiving First Communion in 2025-26 school year)
- ☐ **Signed VIRTUS “Empowering God’s Children”
Parent Permission Slip**
(Children will participate in the Archdiocesan Safeguard the Children “Empowering God’s Children” classes to help prevent child sexual abuse. Parents will receive prior notice of dates of classes.)
- ☐ **Signed Parent Release Form for Child Pick-Up**
(For In-Person Classes: Permission is required if anyone other than a parent will be picking up your child after class.)
- ☐ **Parish Registration form** (If not already a registered parishioner.)
Print and submit - or submit online at <http://www.corpuschristichurch.com/>

Thank you!

Jane Young

Director of Religious Education
Corpus Christi Parish
P.O. Box 25699
Los Angeles, CA 90025
(310) 454-1328
janey@corpuschristichurch.com

Corpus Christi Parish

Religious Education Program Registration - 2025-26



Registering for (check one): ☐ In-Person Class ☐ "A Family of Faith"

PLEASE PRINT:

Child's Name _____

Grade _____ School Attending _____

☐ New 1st Year Religious Ed Student

☐ Continuing 2nd Year Religious Ed Student

☐ Continuing 3rd Year or More Religious Ed Student

Has Been Baptized ☐ No ☐ Yes (attach copy of baptismal certificate)

(If baptismal certificate lost due to fire, check here and we will contact you. ☐)

Church of Baptism: _____

City _____ State _____

Date of Baptism _____

Has Received First Reconciliation ☐ No ☐ Yes

Has Received First Communion ☐ No ☐ Yes

PARENT INFO:

Name of Father: _____ **Religion:** _____

Email: _____

Phone: _____

Name of Mother: _____ **Religion:** _____

Email: _____

Phone: _____

Family Mailing Address: _____

Registered at Corpus Christi Parish ☐ Yes ☐ No - Please register at

https://corpuschristichurch.com/registration/regform_family_registration.php

Parent Signature: _____ **Date:** _____

VIRTUS “Empowering God’s Children Program”
Office of Safeguard the Children
Archdiocese of Los Angeles
“Permission Slip”

TO: Parents of Corpus Christi Parish Religious Education Students

FROM: Corpus Christi Parish, Pacific Palisades, California

SUBJECT: VIRTUS® Empowering God’s Children Program for Children and Young People

We are committed to your child’s safety and well-being. Almost daily, we hear of incidents of child sexual abuse happening. That is why learning how to prevent it is important that not only, we as adults must learn how to keep our children and young people safe, but that we also teach them to keep themselves safe..

Corpus Christi’s Religious Education Program will present a child sexual abuse prevention program, called VIRTUS® *Empowering God’s Children*, to our students each year in Religious Education. Parents will receive prior notification by email of date(s) and topics of the class(es).

This program is provided by Archdiocese of Los Angeles, and is a part of our ongoing effort to help create and maintain a safe environment for children and youth to protect all children from sexual abuse. For more information on the *Empowering God’s Children Program*, you may visit the VIRTUS Online™ website at www.virtus.org.

If you have questions about the program, or would like to review any of the materials, please contact Jane Young, Director of Religious Education at (310) 454-1328.

Corpus Christi Parish Religious Education Program
Parent Permission Slip for the VIRTUS® Empowering God’s Children Program

I understand that for my child to participate in the VIRTUS® *Empowering God’s Children Program* I need to fill out and return this Parent Permission Form. I am specifically requesting that the Corpus Christi Religious Education Program present the VIRTUS *Empowering God’s Children Program* to my child during each year my child is enrolled in the Religious Education Program.

Child’s Name: _____.

Parent’s Name (printed): _____

Parent’s Signature: _____

Date: _____

(Failure to return the signed permission slip implies consent for child to attend Program.)

**PARENT RELEASE FORM
for
CHILD PICK-UP
AFTER IN-PERSON CLASSES**

**CORPUS CHRISTI CHURCH
RELIGIOUS EDUCATION PROGRAM
2025-26 SCHOOL YEAR**

I AM THE PARENT OF

PRINT CHILD(REN)'S NAME(S)

**AND GIVE PERMISSION FOR THE ADULTS BELOW TO PICK UP MY CHILD(REN) AFTER RELIGIOUS
EDUCATION CLASSES HELD AT THE CARONDELET CENTER, 11999 CHALON ROAD, L.A. 90049.**

Note:

- *Please list all adults to whom the Religious Ed Program may release your child(ren) during this school year.*
- *Children will not be released to minors and may not walk home unaccompanied by an adult.*

NAME of ADULT (PRINT)	RELATIONSHIP TO CHILD	PHONE NUMBER

Parent Name (Print)

Parent Phone Number(s)

Parent Signature

Date Signed