

Family Last Name _____

2021-22 Religious Education Registration Form Church of the Holy Trinity

Father's Full Name:	Religion:
Mother's Full Name	Religion:
Mother's Maiden Name:	Primary Phone:
Address(of custodial parent)	Dad Cell Phone:
City/State/Zip:	Mom Cell Phone:
E-mail:	Other Phone:
Non-custodial Parent (if applicable):	Religion:
Address:	Primary Phone:
City/State/Zip:	Cell Phone:
E-mail:	Other Phone:
Emergency Contact:	Relationship:
Primary Phone:	Other Phone:
<p>Please indicate which church you are registered members of:</p> <p><input type="checkbox"/> Holy Family <input type="checkbox"/> Holy Trinity <input type="checkbox"/> St. Pius X <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not registered</p>	

Student(s) to Register First, Middle, Last Name	Birth Date	Age	Grade 2021-22	Has this child been Baptized?	Has this child received their First Reconciliation?	Has this child received their First Communion?	Has this child been Confirmed?
1.				Yes/No	Yes/No	Yes/No	Yes/No
2.				Yes/No	Yes/No	Yes/No	Yes/No
3.				Yes/No	Yes/No	Yes/No	Yes/No
4.				Yes/No	Yes/No	Yes/No	Yes/No
5.				Yes/No	Yes/No	Yes/No	Yes/No

Please select: I/we plan to: _____ have our children attend in-person class _____ homeschool our children

Do any of the children enrolled have chronic illnesses or physical limitations? Yes No

Do any of the children have any type of learning difficulty? Yes No

Do any of the children attend special education classes in the public school? Yes No

If yes to any of these questions, please give the name of the child, any information we made need, and how we can help:

If you are new to our program, please indicate level of prior Religious Education training and any other information you feel would help us in working with your child/children:

REGISTRATION FEE is \$75.00 per student (3 student family cap)

Additional fees may be collected for retreats, rallies, and/or field trips as necessary.

SACRAMENTAL PREPARATION

First Reconciliation & First Eucharist (Grade 2 or higher):

Name of child preparing: _____

Name of child preparing: _____

Confirmation (Grade 11 or higher):

Name of child preparing: _____

Name of child preparing: _____

For Internal Parish Use Only:

FEE	AMOUNT	# OF STUDENTS	TOTAL
Basic Registration Fee	\$75.00	x	
Home School Fee (Gr. 1, 3-6)	\$30.00	x	
Home School Fee (Gr. 7-10)	\$50.00	x	
Total Due:			
Amount Paid:			
Outstanding:			

Plans for Future Payment	Dates Paid / Cash or Check #
_____	_____
_____	_____
_____	_____

PARENT/LEGAL GUARDIAN PERMISSION

My child or children have permission to be involved in the Religious Education Programs at the Church of the Holy Trinity, under the direction of its leadership. If a medical emergency occurs, I hereby give permission to transport my child or children to a hospital for emergency medical or surgical treatment. I will be notified as soon as possible to any emergency concerning my child. I also remain legally responsible for any personal actions taken by my child and will be liable for any damage caused by them.

Parent/ Guardian Signature

Date

Address

City

State

Home Phone

Work Phone

Cell Phone