

**Holy Trinity Parish
Parish Religious Education Program
Registration Form 2019-2020**

(Please Print)

Custodial Parent's Name(s) _____

Address _____ City _____ State _____ Zip _____

Mother Cell Phone: _____ Father Cell Phone: _____

MUST HAVE *Email address _____

****Communication will be primarily through email. PLEASE WRITE CLEARLY**

Mother's Maiden Name _____ Mother Catholic? (Y/N) _____ Father Catholic? (Y/N) _____

Doctor's Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Emergency Contact (include non-custodial parent if applicable)

Name _____ Phone _____

Fees: \$60.00 per child**Additional \$25.00 Sacramental Fee for children in 2nd or 8th grade**

*Please talk to Fr. Mike or Sarah if tuition assistance is needed.

*******All NEW registrations must be accompanied by a certificate of Baptism. *******

1st Child _____

First _____ Last _____

Birth Date _____ Gender _____

Check all Religion grades **completed** (through spring of 2018). Include Catholic school and/or Parish Religious Program.
PreK ___ K ___ Gr. 1 ___ Gr. 2 ___ Gr. 3 ___ Gr. 4 ___ Gr. 5 ___ Gr. 6 ___ Gr. 7 ___

School attending fall 2019 _____ Grade _____

Sacraments Received and Parish: Baptism (Y/N) _____ Where? _____ Catholic?(Y/N) _____.

Penance(Y/N) _____ Eucharist (Y/N) _____ Where? _____

Confirmation (Y/N) _____ Where _____ Will you receive a Sacrament this year? _____

Known educational/behavioral concerns: _____

Allergies: _____ Medications: _____

Rest on the back page

2nd Child _____

First

Last

Birth Date _____

Gender _____

Check all Religion grades **completed** (through spring of 2018). Include Catholic school and/or Parish Religious Program.

PreK ___ K ___ Gr. 1 ___ Gr. 2 ___ Gr. 3 ___ Gr. 4 ___ Gr. 5 ___ Gr. 6 ___ Gr. 7 ___

School attending Fall 2019 _____ Grade _____

Sacraments Received and Parish: Baptism (Y/N)___ Where?_____ Catholic?(Y/N)___

Penance(Y/N)___ Eucharist (Y/N)___ Where?_____

Confirmation (Y/N)___ Where_____ Will you receive a Sacrament this year? _____

Known educational/behavioral concerns:_____

Allergies:_____ Medications:_____

3rd Child _____

First

Last

Birth Date _____

Gender _____

Check all Religion grades **completed** (through spring of 2018). Include Catholic school and/or Parish Religious Program.

PreK ___ K ___ Gr. 1 ___ Gr. 2 ___ Gr. 3 ___ Gr. 4 ___ Gr. 5 ___ Gr. 6 ___ Gr. 7 ___

School attending Fall 2019 _____ Grade _____

Sacraments Received and Parish: Baptism (Y/N)___ Where?_____ Catholic?(Y/N)___

Penance (Y/N)___ Eucharist (Y/N)___ Where?_____

Confirmation (Y/N)___ Where?_____ Will you receive a Sacrament this year? _____

Known behavioral/educational concerns:_____

Allergies:_____ Medications:_____

4th Child _____

First

Last

Birth Date _____

Gender _____

Check all Religion grades **completed** (through spring of 2018). Include Catholic school and/or Parish Religious Program.

PreK ___ K ___ Gr. 1 ___ Gr. 2 ___ Gr. 3 ___ Gr. 4 ___ Gr. 5 ___ Gr. 6 ___ Gr. 7 ___

School attending Fall 2019 _____ Grade _____

Sacraments Received and Parish: Baptism (Y/N)___ Where?_____ Catholic?(Y/N)___

Penance (Y/N)___ Eucharist (Y/N)___ Where?_____

Confirmation (Y/N)___ Where?_____ Will you receive a Sacrament this year? _____

Known behavioral/educational concerns _____

Allergies:_____ Medications:_____

Office Use Only: Date Fees Paid _____ **Amount** _____ **Check #** _____ **Balance** _____