

HOLY TRINITY PARISH FAITH FORMATION REGISTRATION

Child's name _____ Grade for faith formation/YM _____
Male _____ Female _____
Date of birth _____ School attending _____
Child's address _____ Grade in school _____
Child's phone _____ Family E-mail _____

If your child was not baptized at Holy Trinity Parish, you must submit a copy of your child's baptismal certificate. Date and place of Baptism _____

Does your child have any special needs we should be aware of? _____
Will your child or children be able to attend class each week?(ex. custody issues) _____

Fathers First name _____ Last name _____
Address _____ Phone # (h) _____
Religion _____ (w) _____
(c) _____

Mother's First Name _____ Last name _____ Maiden name _____
Address _____ Phone# (h) _____
(w) _____
(c) _____

Child's siblings: 1. _____ 2. _____
3. _____ 4. _____

If child is not living with one or both parents:
Guardian _____ Relationship _____
Address _____ Phone _____

In case of an emergency please contact:

Name _____ Phone# _____

Are you a registered parishioner? Yes _____ No _____

Do we have permission to contact you by cell phone? _____

How would you like to receive information? By mail only _____

Email only _____ both postal and email _____

***** PLEASE USE BACK FOR ADDITIONAL CHILDREN *****

