



CHRISTIAN FORMATION REGISTRATION

GRADES K-5

USE ONE FORM PER FAMILY

Family (LAST) Name: _____

Street Address: _____

City: _____ Zip: _____ Home phone: _____

E-mail address: _____

(Please select one) We (parents) check this daily and prefer to receive updates using by email.
We (parents) do not use email regularly enough and require postal mailings.

Mother's name: _____ Catholic: _____ Cell Phone _____

Father's name: _____ Catholic: _____ Cell Phone _____

(select one) We are registered at Holy Trinity Our new registration is attached

We attend this Mass: Sat 5pm Sun 9am Sun 11am Sun 2pm

As the parent/guardian of this child (these children) I understand it is my responsibility as a parent to be involved in the formation of my child, address questions/concerns directly with the Director of Religious Education or pastor, and encourage my child in learning and growing in the Catholic faith. We intend to celebrate the Sacraments, attend Mass, and discuss the Christian faith in our home.

Parent/Guardian Signature: _____

Date _____

Does your child have any medical problems or learning disabilities that we need to know about? YES NO

If yes, indicate child's name and situation on back of this page or call Eva Warner, Director of Religious Education at 480-3433 x221.

Indicate sacraments received

Child's First Name [Write the Last Name ONLY if different from FAMILY name]	M/F	Date of Birth	School	Grade this fall	Baptized	First Confession	First Eucharist	Confirmation	Attended Rel. Ed. last year?

Christian Formation tuition is \$30 per child per year. This fee covers registration, text books, and classroom supplies. Make check payable to Holy Trinity Church.

No child is ever denied religious education because of fees. Please contact the DRE at 480-3433 x221 with any concerns.

OFFICE USE ONLY:

PD Date: _____

CHECK # _____

CASH _____