

**HOLY TRINITY PARISH
RELIGIOUS EDUCATION REGISTRATION
2019-2020**

(PLEASE CHECK ONE)

ST. FRANCIS RELIGIOUS EDUCATION CENTER _____ ST. THERESA RELIGIOUS EDUCATION CENTER _____

FAMILY NAME _____ HOME PHONE _____

FATHER _____ MOTHER (INCLUDE MAIDEN NAME) _____

ADDRESS _____ TOWN/ZIP CODE _____

FATHER'S WORK # _____ MOTHER'S WORK # _____

FATHER'S CELL # _____ MOTHER'S CELL # _____

E-MAIL ADDRESS _____

EMERGENCY NAME & # _____

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REGISTRATION FEE: \$60 PER CHILD, Make checks payable to: Holy Trinity Parish

CHILD # ONE MALE/FEMALE

CHILD'S NAME _____ **DATE OF BIRTH** _____

REL. ED. GRADE IN SEPTEMBER 2019 _____ SCHOOL ATTENDING _____

SACRAMENTS RECEIVED TO DATE: BAPTISM _____ FIRST EUCHARIST _____ PENANCE _____ CONFIRMATION _____

ALLERGIES OR SPECIAL EDUCATIONAL NEEDS _____

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CHILD # TWO MALE/FEMALE

CHILD'S NAME _____ **DATE OF BIRTH** _____

REL. ED. GRADE IN SEPTEMBER 2019 _____ SCHOOL ATTENDING _____

SACRAMENTS RECEIVED TO DATE: BAPTISM _____ FIRST EUCHARIST _____ PENANCE _____ CONFIRMATION _____

ALLERGIES OR SPECIAL EDUCATIONAL NEEDS _____

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CHILD #THREE MALE/FEMALE

CHILD'S NAME _____ **DATE OF BIRTH** _____

REL. ED. GRADE IN SEPTEMBER 2019 _____ SCHOOL ATTENDING _____

SACRAMENTS RECEIVED TO DATE: BAPTISM _____ FIRST EUCHARIST _____ PENANCE _____ CONFIRMATION _____

ALLERGIES OR SPECIAL EDUCATIONAL NEEDS _____

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CHILD #FOUR MALE/FEMALE

CHILD'S NAME _____ **DATE OF BIRTH** _____

REL. ED. GRADE IN SEPTEMBER 2019 _____ SCHOOL ATTENDING _____

SACRAMENTS RECEIVED TO DATE: BAPTISM _____ FIRST EUCHARIST _____ PENANCE _____ CONFIRMATION _____

ALLERGIES OR SPECIAL EDUCATIONAL NEEDS _____
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