

Holy Trinity Catholic Church – Religious Education

Children (Grades K-5); Jr. High Youth (Grades 6-8); High School Youth (Grades 9-12)

PARTICIPANT INFORMATION

Child's Full Name: _____

Gender: F or M Date of Birth: _____ Age: _____

Grade in School: _____ School Attending: _____

Best Phone to Reach
Parent(s)/Guardian(s): _____

Home Address _____ City/State/Zip: _____

Mailing Address, if different: _____

Youth's Email Address: _____

Parent/Guardian Email Address: _____

Person(s) Authorized to pick up child/youth: _____

FAMILY DATA (Please use Full Names)

Father: _____ Date of Birth: _____ Living at home address? Y or N

Mother: _____ Date of Birth: _____ Living at home address? Y or N

Legal Guardian: _____ Relationship: _____

CHILD'S CATECHETICAL AND SACRAMENTAL HISTORY

(Indicate all sacraments your child has celebrated)

Sacrament	Church	City/State	Date
Baptism	_____	_____	_____
Confirmation	_____	_____	_____
1 st Eucharist	_____	_____	_____

Has your child attended Religious Education in previous years? Yes _____ No _____

Please complete other side of form



ADDITIONAL INFORMATION

Parent(s)/Guardian(s) of children in Religious Education are REQUIRED to attend Mass weekly with their child.

Mass time you attend most often: _____

Would you be willing to volunteer in some area? Yes _____ No _____

EMERGENCY DATA

Chronic illness or allergies: _____

Medication(s): _____

Another person to contact in case of emergency: _____

Relationship to Child: _____ Phone: _____

CONSENT FOR EMERGENCY TREATMENT

As parent(s) or legal guardian(s), I/we hereby give my/our consent to have this child treated with minor first aid and/or by paramedics /emergency personnel if the need arises.

Parent/Guardian Signature _____
Date

Parent/Guardian Signature _____
Date

Registration Cost: \$25 per Family

OFFICE USE ONLY Fee Paid : _____ Cash _____ Check # _____ Rcvd By: _____ Date: _____ Bal: _____ Notes:
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