

**Most Holy Trinity
Parish School of Religion
2017-18**

Date: _____

Family Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone; () _____

E-mail address: _____

Are you a registered parishioner of Most Holy Trinity? Y N

Mother	Father
Name: _____	Name: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____
Religion: _____	Religion: _____

Marital status: Married by priest? _____
Married by minister? _____
Married by civil authority? _____
Single _____ Separated _____
Divorced _____ Annulled _____

I am interested in volunteering as
Catechist _____ or Aide _____
Grade _____
Office worker _____
Car line _____

If you are unable to reach me in the event of an emergency,
please contact: _____

Office use: Fee paid \$60/child _____
More than one child \$50/child _____

Please list each child you wish to register:

Student Name:	Grade in Fall
School attending:	
Birth date:	
Sacraments received:	
Baptism: Year	Church
Penance: Year	Church
First Comm: Year	Church
Gender:	

Student Name:	Grade in Fall
School attending:	
Birth date:	
Sacraments received:	
Baptism: Year	Church
Penance: Year	Church
First Comm: Year	Church
Gender:	

Student Name:	Grade in Fall
School attending:	
Birth date:	
Sacraments received:	
Baptism: Date	Church
Penance: Date	Church
First Comm: Date	Church
Gender:	

Does your child have any allergies? Please list _____

Does your child have any special needs?_ Please list

Parent Faith Formation

Would you like to know more about the Catholic faith?
Sign up here for our FREE parent faith course.

It is held while students are in class so you don't have to leave and come back later to pick them up.

Sundays 10:00AM til 11:30AM in the Family Life Center

Name: _____

e-mail: _____

