

**HOLY TRINITY RELIGIOUS EDUCATION
REGISTRATION FORM**

FAMILY NAME: _____ HOME PARISH: _____

MAILING ADDRESS: _____ PHONE: _____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____ RELIGION: _____

Father's address & phone (if different from above): _____

MOTHER'S NAME: _____ RELIGION: _____

(please include **maiden** name)

Mother's address & phone (if different from above): _____

How would you like your mail addressed? (Name) _____

PLEASE LIST THE NAME & INFORMATION FOR EACH CHILD YOU REGISTER:

NAME	GRADE(in Sept) NAME OF SCHOOL	DATE & PLACE OF BIRTH	DATE & PLACE OF SACRAMENTS (for new students only) Baptism Penance Eucharist
------	----------------------------------	--------------------------	---

1. _____

2. _____

3. _____

Have all children listed had previous Religious Education? Yes ___ No ___
Where & When (if not at Holy Trinity) _____

Please check the following if it applies:
___ Learning Disability ___ Health Problems ___ Special Family Situations
(Please explain in detail on back of this form)

Are you interested in helping out with:
___ Catechist ___ Aide ___ Substitute Teacher ___ Parish Education Committee ___ Bingo worker

TUITION:

\$25 PER STUDENT - MAXIMUM \$60 PER FAMILY

**11TH GRADE STUDENTS: ONLY FILL OUT THE REGISTRATION FORM –
YOUR FEE WILL BE INCORPORATED INTO CONFIRMATION FEES AT OUR
PARENT MEETING TO BE ANNOUNCED!!!**