

**Most Holy Trinity Parish**  
**Faith Formation Registration Form**

<b><u>FEES</u></b>		Paid: \$ _____
1 Child	\$15	Check No. _____
2 Children	\$25	Cash: _____
3 or more	\$33	

Family Name: \_\_\_\_\_ Phone-Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary address of children: \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from children): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different from children): \_\_\_\_\_

**Students in Faith Formation Program**

Name of child: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Sacraments Received:	Yes	No	If yes – Where:
Baptism	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Name of child: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Sacraments Received:	Yes	No	If yes – Where:
Baptism	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

Name of child: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Sacraments Received:	Yes	No	If yes – Where:
Baptism	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

In order to serve your children to the best of our ability, it would be helpful to know if you have any concerns or if your child has any special needs. (I.E. allergies, physical limitations, medications etc.)

\_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** If there are any custody or transportation restrictions, you **MUST** notify Sr. Kate, **IN WRITING**, as soon as possible.