

# Most Holy Trinity Church Religious Education Classes

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_

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

Parent or Guardian information:

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E mail: \_\_\_\_\_ E mail: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital status: Married by priest? \_\_\_\_\_

Married by minister? \_\_\_\_\_

Married by civil authority? \_\_\_\_\_

Single \_\_\_\_\_

Separated \_\_\_\_\_ Divorced \_\_\_\_\_

I am interested in volunteering as a

Catechist \_\_\_\_\_ Aide \_\_\_\_\_

Grade \_\_\_\_\_

Office worker \_\_\_\_\_

Car line \_\_\_\_\_

Comments: \_\_\_\_\_

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

Fee \$55/child \_\_\_\_\_ Fee \$25 for First Eucharist/Confirmation \_\_\_\_\_

Baptismal Certificate \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Sex: \_\_\_\_\_

School attending: \_\_\_\_\_

Birth date: \_\_\_\_\_

Sacraments received:

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_

Penance: Date \_\_\_\_\_ Church \_\_\_\_\_

First Comm: Date \_\_\_\_\_ Church \_\_\_\_\_

Confirmation: Date \_\_\_\_\_ Church \_\_\_\_\_

If student is not living with his/her birth mother and/or birth father, please enter:

Birth Father/Mother: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Religion: \_\_\_\_\_

Allergies: \_\_\_\_\_ Exceptionalities: \_\_\_\_\_

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Allergies: \_\_\_\_\_ Exceptionalities: \_\_\_\_\_

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Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Religion: \_\_\_\_\_

Allergies: \_\_\_\_\_ Exceptionalities: \_\_\_\_\_

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