

RELIGIOUS EDUCATION REGISTRATION FORM

2011-2012

1st THROUGH 12th GRADES

We are happy that your son/daughter will be participating in next year's Religious Education Program. To register your child and to make sure our records are complete and accurate for any possible emergency that might arise, we ask that you complete this form.

Parents/Guardians _____
last father mother

Address _____ city _____ zip _____

Home phone# _____ Dad's work/cell# _____ Mom's work/cell# _____

Children Living Situation (check one) Both Parents _____ mother only _____ father only _____

Email Address _____

*Email address will only be used for updates and/or announcements related to your child's religious education.

Student Name _____ Grade _____ Date of Birth _____

Please check which Sacraments your child has received:

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

My child has specific medical problems or allergies _____

Student Name _____ Grade _____ Date of Birth _____

Please check which Sacraments your child has received:

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

My child has specific medical problems or allergies _____

Student Name _____ Grade _____ Date of Birth _____

Please check which Sacraments your child has received:

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

My child has specific medical problems or allergies _____

Student Name _____ Grade _____ Date of Birth _____

Please check which Sacraments your child has received:

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

My child has specific medical problems or allergies _____

Please provide an emergency number to be called if parents cannot be reached. _____

Health Insurance Name: _____ **Insurance #** _____

_____ Please register our child, fees are enclosed for the amount of \$90.00 per student. **If after May 31, 2011, fees are \$100.00 per student.**

_____ Please register our child, at this time we are unable to pay the fee, but would like to apply for financial aid.

_____ I do not wish to register my children for religious education.

Grades 1-8 Request For Religious Education Release Time

I wish to request that my child(ren) be released from public school classes to attend religion classes at Most Holy Trinity Parish for the 2011-2012 school year. The following children will be attending:

Child's Name	Grade	Child's Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Parent's signature _____