

Most Holy Trinity Parish

2022 – 2023 K – 12 Religious Education Registration Form

545 N. Maple St.
989-593-2162/dre@mhtparish.com

Family Information

Mother's Full Name: Mother's Maiden Name:

Father's Full Name:

Address: City: Zip:

Primary Phone: Mother's Cell #: Father's Cell #:

Primary Email:

In case of an Emergency and if a parent/guardian cannot be reached, please contact:

Name: Relationship: Contact #:

Release Time Request: I request that my child(ren) (K-8 grade only) listed below be released from Fowler Public Schools to attend Religious Education classes at Most Holy Trinity Parish during the 2022-23 academic year: Yes, I grant permission No, I do not grant permission

Note: If your child is receiving a sacrament this year and the Baptism did not take place at Most Holy Trinity Parish, Fowler, please attach a copy of your child's Baptismal Certificate to this form.

Child 1:

Child's Name (First-Middle-Last):

Date of Birth: City of Birth: Grade Level (Fall 2022):

List known allergies and/or medical situations pertinent your child:

Is your child baptized: Yes No If yes, name the church of baptism & city:

the sacraments your child is planning to receive: First Reconciliation/Communion Confirmation None

If Confirmation, name the Church, City, State of your child's First Communion if other Most Holy Trinity Parish:

Name of Church: City: State:

## **Child 2:**

Child's Name (First-Middle-Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Grade Level (Fall 2022): \_\_\_\_\_

List known allergies and/or medical situations pertinent your child: \_\_\_\_\_

Is your child baptized:  Yes  No If yes, name the church of baptism & city: \_\_\_\_\_

the sacraments your child is planning to receive:  First Reconciliation/Communion  Confirmation  None

If **Confirmation**, name the Church, City, State of your child's First Communion if other than Most Holy Trinity Parish

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## **Child 3**

Child's Name (First-Middle-Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Grade Level (Fall 2022): \_\_\_\_\_

List known allergies and/or medical situations pertinent your child: \_\_\_\_\_

Is your child baptized:  Yes  No If yes, name the church of baptism & city: \_\_\_\_\_

the sacraments your child is planning to receive:  First Reconciliation/Communion  Confirmation  None

If **Confirmation**, name the Church, City, State of your child's First Communion if other than Most Holy Trinity Parish:

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

*To enroll additional children, use a second form or as many as you need.*

I hereby give consent for my child/children listed on this form to participate in the Religious Education program and related activities at Most Holy Trinity. Furthermore, I hereby (please check one) **Grant** \_\_\_\_\_ / **Deny** \_\_\_\_\_ permission for my child's/children's name, photo, video and/or any other likeness to be used for web, social media, publicity or similar promotions for the Diocese/Most Holy Trinity without compensation. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith.

**Signature:** \_\_\_\_\_

### **Tuition Information**

(Make checks payable to Most Holy Trinity  
\$125 for one student  
\$225 for two students  
\$300 for 3 or more students

#### **For Office Use**

**Date Received:** \_\_\_\_\_ **CK #** \_\_\_\_\_ **Cash:** \_\_\_\_\_

**Total Amt.** \_\_\_\_\_