

Most Holy Trinity Parish

2024 – 2025 K – 12 Faith Formation 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 #:

Child 1

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

Date of Birth: City of Birth: Grade Level (Fall 2024):

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

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

Child 2

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

Date of Birth: City of Birth: Grade Level (Fall 2024):

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

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

Child 3

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

Date of Birth: _____ City of Birth: _____ Grade Level (Fall 2024): _____

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

Is your child baptized: ___Yes ___No If yes, name the church of baptism & city: _____

Child 4

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

Date of Birth: _____ City of Birth: _____ Grade Level (Fall 2024): _____

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

Is your child baptized: ___Yes ___No If yes, name the church of baptism & city: _____

Child 5

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

Date of Birth: _____ City of Birth: _____ Grade Level (Fall 2024): _____

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

Is your child baptized: ___Yes ___No If yes, name the church of baptism & city: _____

I hereby give consent for my child/children listed on this form to participate in the Faith Formation program, release time from Waldron Elementary & Middle School (if applicable) and related activities at Most Holy Trinity Parish. 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

Payments can be made online by going to mhtparish.com and click "Online Giving" or by cash/check. Checks are payable to Most Holy Trinity.

\$100 Per Student

For Office Use

Date Received: _____ CK # _____ Cash: _____

Total Amt. _____

