

OFFICE OF RELIGIOUS EDUCATION

- STUDENT REGISTRATION FORM -

*Please print all information clearly!

Student's Name: _____		Gender: _____	
(Last)	(First)		
Date of Birth: _____		Telephone: _____	
Address: _____		Town: _____	
		State: _____	
		Zip _____	
Father: _____		Email _____	
(Last)	(First)	(Cell)	Father _____
		Mother _____	
Mother: _____			
(Last)	(First)	(Maiden)	(Cell)
Lives With: Both Parents _____ Father _____ Mother _____ Other (Relationship) _____			
Is family registered with Most Holy Trinity? Yes <input type="checkbox"/> Envelope # _____ No <input type="checkbox"/> Other Parish: _____			

Emergency Contact Information: Name : _____

Address: _____ Town: _____ State: _____ Zip _____

Telephone: _____

Pertinent Information: *If student attends special classes in public school (such as: Learning Disability, Speech, Title 19, English-2nd Language, Social Help, etc.), or has any health/medical issues, please list:*

*Check below the day on which you wish student to attend Religious Education Classes.
Student should be in the same grade at CCD and public school.*

Please make checks payable to Holy Trinity CCD.

LURES	Date Registered	Pmt Amt	Cash/Check #	Grade	School	Monday	Tuesday	Saturday	Tuesday	Monday
						4:00-5:15	4:00-5:15	9:00-10:15	7th/8th Only 6:45-8:00	9th Only 6:45-8:15
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Verified	Date	Church	City	State
Baptism					
First Reconciliation					
First Communion					
Confirmation					

Please check this box - I give permission for my child's photo to be taken and used for classroom projects throughout the year.

Parent Signature _____

Date _____