

HOLY TRINITY PARISH
 REGISTRATION FORM FOR RELIGIOUS EDUCATION
 GRADES PRE-K THROUGH 12

PERSONAL INFORMATION:

CHILD'S NAME _____ DATE _____
 Nickname _____ Age _____
 if any _____ Sex _____

BIRTH DATE _____ Place of Birth _____ Grade Entering _____
 City _____ State _____

SCHOOL ATTENDING: _____

PARENTS/GUARDIANS:

Name _____ and/or _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone _____

E-mail _____

Relationship to

Child _____

Religion

Occupation

Religion

Occupation

HEALTH PROBLEMS: _____

Learning Difficulties: (example 6 week in reading, ADD, etc.) _____

Any concerns that may affect religious instruction including particular family situations (example: parent deceased, divorced) _____

PREVIOUS RELIGIOUS OR CATHOLIC SCHOOL EDUCATION

Place _____ Number of Years _____

If your child has had no previous religious education or has not had continuous enrollment to the present grade, please note the reason:

	Date	Church	City	State
BAPTISM				
EUCCHARIST				
RECONCILIATION				
CONFIRMATION				

