



Faith Formation Office
352.629.8092 ext. 3207
religiouseducation@blessedtrinity.org

BLESSED TRINITY CATHOLIC CHURCH

CONFIRMATION REGISTRATION FORM

<u>Father or Guardian #1</u> Full Name: _____ Cell: _____ Home: _____ I am a member of Blessed Trinity Church <input type="checkbox"/> YES <input type="checkbox"/> No	<u>Mother or Guardian #2</u> Full Name: _____ Cell: _____ Home: _____ I am a member of Blessed Trinity Church <input type="checkbox"/> YES <input type="checkbox"/> No
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Primary Email Address (PLEASE PRINT): _____

Primary Address of the child/children :

City: _____ Zip Code: _____

Emergency Contact Name: _____ **Phone :** _____

Please complete all information for each child enrolled, if you have more than four children, attach an additional form.

<u>Child #1</u> First Name: _____ Middle Name: _____ <i>Last Name if different from father or guardian:</i> _____ Date of Birth: _____ City/State of Birth: _____ Country of Birth: _____ Baptism Date: _____ Baptismal Church: <input type="checkbox"/> Blessed Trinity <input type="checkbox"/> La Guadalupana <input type="checkbox"/> Christ the King <input type="checkbox"/> Other <i>IF Other, please write the name and address of the church. Church Name:</i> _____ Address: _____ City: _____ State: _____ Zip code: _____ Country: _____ School Grade Level: _____ Special Needs/Allergies: _____

My Child will be preparing this year for: Confirmation

A copy of your child's baptismal certificate is required if your child is preparing for one of the above sacraments.

Email or bring a copy of the baptism certificate to the office no later than October 1, 2024

<u>Child #2</u> First Name: _____ Middle Name: _____ <i>Last Name if different from father or guardian:</i> _____ Date of Birth: _____ City of Birth: _____ Country of Birth: _____ Baptism Date: _____ Baptismal Church: <input type="checkbox"/> Blessed Trinity <input type="checkbox"/> La Guadalupana <input type="checkbox"/> Christ the King <input type="checkbox"/> Other <i>IF Other, please write the name and address of the church. Church Name:</i> _____ Address: _____ City: _____ State: _____ Zip code: _____ Country: _____ School Grade Level: _____ Special Needs/Allergies: _____

My Child will be preparing this year for: Confirmation

A copy of your child's baptismal certificate is required if your child is preparing for one of the above sacraments.

Email or bring a copy of the baptism certificate to the office no later than October 1, 2024

SERVICE HOURS TOTAL: _____ **ATTENDED RETREAT:** ___ YES ___ NO

Chosen Saint's Name: _____

Name of Sponsors: _____

Would you be interested in volunteering as a catechist, classroom helper, substitute teacher? ___ YES ___ NO

Please advise the Faith Formation staff, and your child[ren]'s catechist if you would like Blessed Trinity to refrain from taking and using photographs of your child[ren] for the purposes of parish promotion and education.

Form Completed by: _____ *Date:* _____

FEES: \$ 45.00 One child \$80.00 Two children \$110 Three and \$10 for each additional child

PLEASE RETURN THIS FORM and PAYMENT TO THE FAITH FORMATION OFFICE BEFORE AUGUST 8, 2024

FOR OFFICE USE ONLY

Received from: _____ *on* _____

Registration Fee in the Amount of \$ _____ *CASH* *CHECK no.* _____ *CREDIT CARD*

Payment received by: _____