



BLESSED TRINITY CATHOLIC CHURCH

RELIGIOUS EDUCATION REGISTRATION

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

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.

Child #1

First Name: _____ Middle Name: _____

Last Name if different from father or guardian: _____

Date of Birth: _____ City/State of Birth: _____ Country of Birth: _____

Baptism Date: _____ Baptismal Church: Blessed Trinity La Guadalupana Christ the King Other

IF **Other**, please write the name and address of the church. **Church Name:** _____

Address: _____ City: _____ State: _____ Zip code: _____ Country: _____

School Grade Level: K 1 2 3 4 5 6 7 8

Special Needs/Allergies: _____

My Child will be preparing this year for: First Communion 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

Child #2

First Name: _____ Middle Name: _____

Last Name if different from father or guardian: _____

Date of Birth: _____ City of Birth: _____ Country of Birth: _____

Baptism Date: _____ Baptismal Church: Blessed Trinity La Guadalupana Christ the King Other

IF **Other**, please write the name and address of the church. **Church Name:** _____

Address: _____ City: _____ State: _____ Zip code: _____ Country: _____

School Grade Level: K 1 2 3 4 5 6 7 8

Special Needs/Allergies: _____

My Child will be preparing this year for: First Communion 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

Child #3

First Name: _____ Middle Name: _____

Last Name if different from father or guardian: _____

Date of Birth: _____ City of Birth: _____ Country of Birth: _____

Baptism Date: _____ Baptismal Church: Blessed Trinity La Guadalupeana Christ the King OtherIF **Other**, please write the name and address of the church. Church Name: _____

Address: _____ City: _____ State: _____ Zip code: _____ Country: _____

School Grade Level: K 1 2 3 4 5 6 7 8

Special Needs/Allergies: _____

My Child will be preparing this year for: First Communion 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****Child #4**

First Name: _____ Middle Name: _____

Last Name if different from father or guardian: _____

Date of Birth: _____ City of Birth: _____ Country of Birth: _____

Baptism Date: _____ Baptismal Church: Blessed Trinity La Guadalupeana Christ the King OtherIF **Other**, please write the name and address of the church. Church Name: _____

Address: _____ City: _____ State: _____ Zip code: _____ Country: _____

School Grade Level: K 1 2 3 4 5 6 7 8

Special Needs/Allergies: _____

My Child will be preparing this year for: First Communion 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****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 CA

Payment received by: _____