Faith Formation Office
352.629.8092 ext. 3221
avanegas@blessedtrinity.org

BLESSED TRINITY CATHOLIC CHURCH

RELIGIOUS EDUCATION REGISTRATION

Father or Guardian #1	***Mother or Guardian #2***
Full Name: _____	Full Name: _____
Cell: _____ Home: _____	Cell: _____ Home: _____
I am a member of Blessed Trinity Church ☐ YES ☐ No	I am a member of Blessed Trinity Church ☐ YES ☐ 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 12, 2025

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 12, 2025

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 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 certifiate 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 12, 2025

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 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, 2025

Would you be interested in voluteering 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: $ 50.00 One child $90.00 Two children $115 Three and $10 for each additional child

PLEASE RETURN THIS FORM and PAYMENT TO THE FAITH FORMATION OFFICE BEFORE AUGUST 12, 2025

FOR OFFICE USE ONLY

Received from: _____ *on* _____

*Registration Fee in the **Amount** of $*_____ ☐*CASH* ☐*CHECK no.*_____

Payment received by: _____