

# Holy Trinity Religious Education Registration

Please fill out a separate registration for each child attending Religious Education.

---

## CHILD:

Child's Name: \_\_\_\_\_  
*first name middle name last name (suffix)*

Child's Date of Birth: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Baptism: \_\_\_\_\_  
*Church city/state date (if known)*

---

## PARENTS:

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
*first name last name*

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
*first name maiden last name current last name*

Address: \_\_\_\_\_  
*street city state zip code*

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*especially for emergencies*

Biological Parent(s) if different than listed above: \_\_\_\_\_  
*If biological mother is different, provide maiden name*

---

## REGISTRATION FEE PER FAMILY:

One child registered: \$30 per family  
Two children registered: \$40 per family  
Three or more children registered: \$50 per family

**PLEASE PRINT THIS FORM (for each child being registered)  
AND RETURN IT IN AN ENVELOPE WITH THE FEE  
BY SUNDAY, SEPTEMBER 5**

**IN THE COLLECTION BASKET AT MASS OR IN THE DOOR MAIL SLOT OF THE PARISH OFFICE.**