

Holy Trinity Parish Faith Formation

Three to four Tuesdays a month (see attached schedule) 5:45 to 7:30 p.m.

At St. Mary's Church

Child's Name _____ Date of Birth _____ Grade _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell _____ Work Phone _____

Email _____

Parents / Guardian are members of: _____ Holy Trinity or Name and city and State of other church:

Sacraments Needed _____ Baptism _____ First Eucharist _____ Confirmation _____ Reconciliation

Father's Name

Address _____

(If different from child's)

City _____ State _____ Zip Code _____

Phone _____

Mother's Name _____

Address _____

(If different from child's)

City _____ State _____ Zip Code _____

Phone _____

Emergency Contact (s)

Name _____ Phone _____

Name _____ Phone _____

Persons authorized to pick child up (other than child)

Name _____ Phone _____

Name _____ Phone _____

Continue on other side.

