

# Holy Trinity Parish Religious Education Registration



Family Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name Father's First Name Mother's First/Maiden/Last  
 Name

If applicable: \_\_\_\_\_ / \_\_\_\_\_  
Step-Father's First/ Last Name Step-Mother's First/ Last Name

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Other than parent) Name Phone Relationship to Child

Child/Children live with \_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other-Explain \_\_\_\_\_

Is your family a registered member here at St. Gabriel Parish? \_\_\_ if no, where? \_\_\_\_\_

List children you wish to register:

**Check Sacraments Received**

Name	Grade	School attending	Birth Date	Baptism	Confirmation	Eucharist	Reconciled

Explain any health problems we may need to be concerned about:  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE FILL OUT Medical & Media FORMS ON OTHER SIDE**

**Registration fees are: 1 child-\$25; 2 children-\$50; 3 or more-\$75  
 (non-parishioner's double)**

**Registration forms are due by Tuesday, September 28<sup>th</sup>**

**Media Release Authorization**

Holy Trinity Parish will not photograph, video tape and or voice tape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and or voice taped by parish personnel. Photographs, videotapes and or voice tapes, when consented to, will only be used for parish purposes. (ex. Website, parish bulletin board, bulletins, newsletter, etc.) I hereby give permission for the personnel of Holy Trinity Parish to photograph, videotape and/or voice tape my child/children for parish purposes. This release is for all children listed on the front of this registration form and is good for the school year August 2021- August 2022.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Diocese of Saginaw**  
**Minor Medical Treatment Authorization**

To Whom I May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

**Family Information**

Reason for which release is intended: Holy Trinity Parish Religious Education Program 2021-2022.

Address of Minor \_\_\_\_\_ City \_\_\_\_\_

Emergency Phone(s) \_\_ (\_\_\_\_) \_\_\_\_\_ or \_\_ (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician Address \_\_\_\_\_ City \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship to you \_\_\_\_\_

List allergies, medication, contacts, or other concerns below. Please indicate child's name.

\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Data**

Company \_\_\_\_\_

Policy \_\_\_\_\_

Group \_\_\_\_\_

Contract \_\_\_\_\_

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Parent or Guardian