

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 Holy Trinity 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-\$30; 2 children-\$55; 3 or more-\$80
 (non-parishioner's double)**

Registration forms are due by Tuesday, September 27th

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 2022-August 2023.

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 Faith Formation Program 2022-2023.

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