

Emergency Contact Information

Emergency Contact Name: _____ Phone: _____
First Last Area Code-Phone Number

Relationship to Child: _____

Preferred Clinic/Hospital: _____

Name of Doctor and Phone Number: _____

What are your child’s food and medicine allergies, if any? _____

Parent Involvement

Could you please assist in one of the following areas?

- Catechist (Teaching) Catechist Assistant
- Donations Other, please specify (print): _____

We look forward to having your child in our Religious Education Program. Lessons are Gospel-based and incorporate Catholic Church Doctrines. Regular and timely attendance is encouraged and will help your child grow in their love for God, others, and our community.

Parent/Legal Guardian Signature Relationship Date

Dismissal: Parents/Legal Guardians may pick up your child in the “breezeway” after class.

Important Reminder

Please submit the following documents with this RE Registration Form:

1. Certificate of Sacraments copies (Baptism, Reconciliation, Confirmation, Eucharist).
2. Consent Forms (Photography/Media, Safe Environment)
3. Sacrament Requirement Agreement Form signed by Child/Parent.
4. Make checks payable to *Holy Trinity Catholic Church* and add memo to identify payment for “RE Program”.

For Office Use:

Received by (Please Print): _____

Amount Received: Cash _____ Check _____ Other _____ Date received: _____

Certificates Received: Baptism Reconciliation Confirmation Eucharist

Consent Forms Received: Photo Safe Environment Sacrament Requirement Agreement