



Holy Trinity Catholic Church
5919 Kalaniana'ole Highway, Honolulu, Hawaii 96821
Telephone: (808) 396-0551 Email: holytrinity@rcchawaii.org

Religious Education Program Registration for 2022-2023
Registration Fee is \$50 per child.

Child's Information (Please Print):

Status: **New** **Returning**

Full Name: _____ Nickname: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____
City/State/Country

Grade Level: _____ School Name: _____

Gender: Male Female School: Public Private Charter Home

Child's Faith Formation (Please Print):

Child has previously been in Religious Education (RE) Classes: Yes No If yes, how many years? _____

Church and place attended for RE Classes: _____

As part of the RE Program, I would like my child to prepare for the following Sacrament(s):

Reconciliation/Confession Confirmation Eucharist (First Holy Communion)

My child and I have read, signed, and attached the Sacramental Requirement Agreement: Yes No

My child has already received the following Sacraments (attach copy of Sacrament Certificates):

Baptism¹ - Date _____ Reconciliation - Date _____

Confirmation - Date _____ Eucharist - Date _____

Parent Information (Please Print):

Primary Name: _____
First Middle Last Relationship

Secondary Name: _____
First Middle Last Relationship

Primary Phone: _____ Email: _____
(Area Code) Phone Number

Secondary Phone: _____ Email: _____
(Area Code) Phone Number

Mailing Address: _____
Street Address Apartment/Unit

City State Zip code

Registered Parishioner at Holy Trinity Catholic Church? Yes No

If no, Name of Church you belong to: _____

¹ **If your child is not baptized or has been baptized in a non-Catholic religion, please submit copy of Birth Certificate. Baptism classes are not part of this RE program and you will need to contact the parish office for further information.**

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