



Church of the Holy Trinity

Elementary Religious Education Registration Form

Family Name: _____

Child	Birthdate	Sex	Grade Starting in Fall 2017	Session (circle one)
_____	_____	_____	_____	June 5-16 July 31-August 11
Sacrament and Date:	Baptism	Catholic? (Y/N)	Eucharist	Confirmation
	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special Needs: medical, learning or physical disabilities _____				
Medications (used during session): _____				
Insurance Company and Policy #: _____				

Child	Birthdate	Sex	Grade Starting in Fall 2017	Session (circle one)
_____	_____	_____	_____	June 5-16 July 31-August 11
Sacrament and Date:	Baptism	Catholic? (Y/N)	Eucharist	Confirmation
	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special Needs: medical, learning or physical disabilities _____				
Medications (used during session): _____				
Insurance Company and Policy #: _____				

Child	Birthdate	Sex	Grade Starting in Fall 2017	Session (circle one)
_____	_____	_____	_____	June 5-16 July 31-August 11
Sacrament and Date:	Baptism	Catholic? (Y/N)	Eucharist	Confirmation
	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Special Needs: medical, learning or physical disabilities _____				
Medications (used during session): _____				
Insurance Company and Policy #: _____				

Emergency Contact Information:

Parent/Guardian Name: _____ Phone Number: _____
Secondary Contact Name: _____ Phone Number: _____
Relationship to Student: _____

Bus Service Request

Is bus service needed? Y/N _____

\$20 per child

Pick-up Address: _____

Drop-off Address (if different from pick-up): _____

Permission and Release

I/We hereby consent to my child/children, _____, participating in the Holy Trinity Religious Education activities, those on-site and those off-site. I/We understand that some events will take place away from the parish grounds and that my/our child will be under adult supervision and all reasonable caution will be taken to prevent accidents or injuries. I/We hereby release and indemnify Holy Trinity Parish, its staff and volunteers, and the Diocese of Cheyenne from any and all liability arising from claims of any kind or nature whatsoever from my/our child's/children's participation in this event, including transportation.

In the event my/our child/children were to become injured, I/We give permission for the supervising adults to seek medical care or treatment for my/our child/children. I/We understand that if my/our child/children does become sick or injured, every effort will be made to contact a parent or guardian. If Holy Trinity cannot reach a parent/guardian, we will contact the emergency contact in our records.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

*Flocknotes Updates:

Please indicate if you would like to receive updates about events and information regarding Religious Education.

Yes, I would like to receive updates via text message and/or email!

Cell Phone: _____

Email: _____

For Official Use Only Tuition Payment

Tuition due: \$ _____

Tuition Paid: \$ _____

Date: _____

\$35 per child; \$100 max per family