

HOLY TRINITY P.R.E.P. REGISTRATION FORM

For Office Use	
Family Name: _____	
School Year: _____	
Fee: _____	Check #: _____

Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade entering in 2016-2017	Name of Day School	Ethnic: Caucasian, Asian, Hispanic, Amer. Indian, African-American, other)	Baptism Date & Parish	Date of 1 st Penance 1 st Communion	Confirmation Date

Family Name: _____ Home Phone #: _____

Address: _____ Email: _____
Street City Zip Code

Father's Name: _____ Work or Cell Phone #: _____ Religion _____
(please circle)

Mother's Name: _____ Work or Cell Phone #: _____ Religion _____
FIRST NAME MAIDEN NAME LAST NAME **(please circle)**

CUSTODY: Are there any legal/custody issues? yes no **(If yes, please provide a complete copy of the latest court order.)**

Name of Person* responsible for Religious Education **if not** Parent/Guardian _____ Relationship _____

*Parent/guardian must provide a signed, dated letter of permission to the CRE which is to be kept on file and updated annually.

Please check the box below if you are in agreement with the statement that follows.

I have read the Parent Handbook and agree to the requirements and expectations of the Holy Trinity Religious Education Program.

Please check if you do **NOT** give **permission** for your child's **picture** to appear on the Holy Trinity website in relation to events that happen in the parish.

For First Penance, First Holy Communion and Confirmation candidates only: I give permission for my child's name to be printed in the Sacramental booklet and parish bulletin. Please note that the parish bulletin is also posted on the parish website. Name will not appear if this box is not checked.

Signature _____ Date _____ Relationship to Child(ren) _____

Family Name

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EMERGENCY CONTACT INFORMATION:

If we are unable to reach you, whom should we contact?

Name: _____ Relationship: _____ Phone Number (home) _____
(cell) _____

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at **HOLY TRINITY** Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

MEDICAL/LEARNING DATA

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* / Learning Support Services	Individualized Education Program IEP
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Is there other information about your child that should be communicated?

FAMILY BACKGROUND MARRIED SEPARATED DIVORCED REMARRIED SINGLE PARENT

* As defined by *Individuals with Disabilities Education Act (IDEA)*, the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.