

2019-20 FAMILY REGISTRATION FOR RELIGIOUS EDUCATION

HTP ID#		ACTIVE?				
FAMILY NAME						
ADDRESS						
HOME PHONE		CELL PHONE				
PARENTS						
FATHER						
MOTHER (WITH MAIDEN NAME)						
CHILDREN		<i>(THESE DO NOT NEED TO BE FILLED OUT IF YOU ARE A RETURNING FAMILY)</i>				
NAME	RE LEVEL	PLACE OF BIRTH	DATE OF BIRTH	PLACE OF BAPTISM	DATE OF BAPTISM	BAPTISMAL CERT. ON FILE?

NOTES:
 (allergies, medical conditions, custody arrangements, etc.)

PHOTO RELEASE

I hereby grant permission to Holy Trinity Parish to use photographs and/or video of my child/children taken on during Religious Education classes and activities in publications, news releases, online, and in other communications related to the mission of Holy Trinity Parish.

 Parent's Signature

<p>Office use only: Amount due: Paid by: cash, check or CC (circle one) Rec'd by:</p>
