



Holy Trinity Roman Catholic Church

213 West 82nd Street, New York, NY 10024

REGISTRATION FOR RELIGIOUS EDUCATION

CHILD'S FULL NAME _____

Home Address _____
(street) (apt.) (city, state, zip)

Home Phone Number _____

DATE & PLACE OF BIRTH _____
(month/day/year) (city, state)

School child is currently attending _____ Grade _____

PARENT/GUARDIAN INFORMATION

Father

Name _____ Religion _____

Work Phone _____ Cell Phone _____ e-Mail _____

Marital Status (Please check one): Married Separated Divorced Single Widowed

Mother

Complete Maiden Name _____ Religion _____

Work Phone _____ Cell Phone _____ e-Mail _____

Marital Status (Please check one): Married Separated Divorced Single Widowed

Legal Guardian

Name _____ Religion _____

Work Phone _____ Cell Phone _____ e-Mail _____

Marital Status (Please check one): Married Separated Divorced Single Widowed

INFORMATION REGARDING STUDENT SHOULD BE ADDRESSED TO: (Parent or Guardian Name)

Name _____

FOR RETURNING STUDENTS

Last grade completed at Holy Trinity _____

PLEASE INDICATE WHICH SACRAMENTS YOUR CHILD HAS RECEIVED

	DATE	CHURCH	ADDRESS
BAPTISM	_____	_____	_____
FIRST COMMUNION	_____	_____	_____
FIRST PENNANCE	_____	_____	_____
CONFIRMATION	_____	_____	_____

Signature of Parent or Guardian _____ Date _____

Forms must be submitted in person to the Director of Religious Education, along with a copy of their child's Baptismal Certificate. Parents can request an appointment with the Director either by telephone at 212-787-0634 or email to holytrinityreled@earthlink.net.