

GIFT Fee
 \$75 per child
 OR
 \$160 per
 family
 maximum

GIFT Registration at Holy Trinity Church: 2019 - 2020

501 Cherrywood Rd. / Louisville, KY 40207 / 502-897-5207

PRINT clearly on FRONT & BACK of form.
Form MUST be signed, dated & returned to the Parish Office before child attends GIFT.

Family Last Name _____ Father's Name _____ Religion _____

Mother's Name _____ Mother's Maiden Name _____ Religion _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____ Email _____

If communications should go to an additional address/email, please provide information below.

Is your family registered at Holy Trinity Parish? Y ___ N ___ Registered at another parish? Y ___ N ___ If yes, which parish? _____

Child's Name (First & Last)	Date of Birth	School Child Attends	Grade Level	Church & Date of Baptism	Circle the Sacrament(s) your child has celebrated	Special Needs (medical, educational, etc.) Please be specific as possible so we can create the best possible environment for your child.
					Reconciliation Eucharist Confirmation	
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In support of the partnership between parish & home, an adult in each GIFT household is asked to offer ONE aspect of service to the GIFT program. Please sign up below next to your preferred opportunity.

At-Home Service

- _____ Artist
- _____ Craft Preparation (cutting, assembling, etc.)
- _____ Sewing
- _____ Snack Provider on Family GIFT days

One-Time Service

- _____ Helping Hands (extra help in classroom w/ special projects)
- _____ Guest speaker at GIFT class/Topic: _____

Extended Commitments

- _____ Aide in GIFT classroom, Sunday AM - Grade _____ (FREE tuition offered)
- _____ Babysitter for catechists' young children during Sunday GIFT program
- _____ Catechist (teacher) in GIFT classroom, Sunday AM - Grade _____ (FREE tuition Offered)
- _____ Children's Liturgy of the Word leader (rotating schedule) at:
Sat. 5 PM Mass _____ / Sun. 8:30 AM Mass _____ / Sun. 11 AM Mass _____
- _____ IT consultant to DRE & catechists
- _____ Photographer (class pictures, GIFT special events)
- _____ Special Needs Catechist
- _____ Substitute GIFT Catechist

The following items MUST be completed.

Photo/TV Monitor/Website Release

As parent/guardian of a GIFT student(s), I give permission to Holy Trinity Parish Religious Education program to photograph my child(ren) and use such images in publications, on the parish website, and/or on the TV monitor located in the gathering space. Photos will never be tagged with names.

 **You MUST check your response:** YES _____ NO _____


Sex Abuse Prevention Video Release

As parent/guardian of a GIFT student(s), I give permission for my child(ren) to view the Archdiocesan Sexual Abuse Prevention video while in GIFT class. (If you do not wish for your child to see the video, please refrain from sending your child on the specified date of viewing.)

 **You MUST check your response:** YES _____ NO _____

Dismissal Release

As parent/guardian of a GIFT student(s) in grade 6, 7, or 8, I give permission for my child(ren) to be dismissed independently from GIFT at 10:45 AM each Sunday. Students in grades 1-5 MUST be picked up from the classroom by a PARENT/GUARDIAN (NOT a sibling).

 **You MUST check your response:** YES _____ NO _____ S/He is to meet me at _____

**SIGN
HERE** 

I have read & understand the policies of Holy Trinity's GIFT program: _____
Parent Signature _____ Date _____