

GIFT Fee

\$75 per child

OR

\$160 per family maximum

GIFT Registration 2018-19

Holy Trinity Church

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

Please PRINT clearly and be sure to SIGN & DATE

Family Last Name _____ Father's Name _____ Religion _____

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

Address _____ City _____ State _____ Zip _____

Phone _____ Dad's Cell _____ Mom's Cell _____

Email _____ If communications should go to an additional address/email, please provide

information here: _____

Is the family registered in Holy Trinity Parish? Y___ N___ Registered at another parish? Y___ N___ If yes, which parish? _____

Child's Name	DOB	School child attends	Grade Level	Church & Date of Baptism	Circle the sacrament(s) your child has celebrated	Special Needs (medical, educational, etc.) Please be as specific as possible so we can create a safe & successful learning environment for your child.
1.					Reconciliation Eucharist Confirmation	
2.					Reconciliation Eucharist Confirmation	
3.					Reconciliation Eucharist Confirmation	
4.					Reconciliation Eucharist Confirmation	

In support of the partnership between parish and home, an adult in each GIFT household is asked to offer ONE aspect of service to the GIFT program. Please read below for a listing of opportunities.

Service & Partnership

<p>At-Home Service</p> <p>____ Artist</p> <p>____ Craft Preparation (cutting, assembling, etc.)</p> <p>____ Sewing</p> <p>____ Snack Provider</p> <p>One-Time Service</p> <p>____ Guest speaker at GIFT class. Topic: _____ (e.g. devotion to a particular saint or spiritual practice such as Eucharistic Adoration / Scripture study, service organization, etc.)</p> <p>____ Helping Hands (extra help in classroom with craft or special project)</p>	<p>Extended Commitments</p> <p>____ Aide in GIFT classroom, Sunday AM - Grade ____ (FREE Tuition Offered)</p> <p>____ Babysitter for catechists' young children during Sunday GIFT program</p> <p>____ Catechist (teacher) in GIFT classroom, Sunday AM – Grade ____ (FREE Tuition Offered)</p> <p>____ Children's Liturgy of the Word leader (rotating schedule) at: Sat. 5 PM Mass ____ / Sun. 8:30 AM Mass ____ / Sun. 11 AM Mass ____</p> <p>____ IT Consultant to DRE and catechists</p> <p>____ Photographer (class pictures, GIFT special events)</p> <p>____ Special Needs Catechist</p> <p>____ Substitute GIFT Catechist</p> <p>____ VBS Volunteer (mornings one week in June)</p>
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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 son/daughter 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 and understood the policies of Holy Trinity's GIFT program: _____

(Parent signature)

(Date)