

2018-2019 FAITH FORMATION REGISTRATION FORM NEW FAMILIES– Grades K-6
Church of the Holy Trinity - 122 Vliet Blvd. - Cohoes, NY 12047

Faith Formation Office
518-237-2373 Fax 518-238-9427

Email: htpfaithformation@gmail.com,
Website: www.holytrinitycohoes.org

Child Information

(Please Print) Please return form and fee by September 1, 2018

NAME: _____ Male or Female

HOME PHONE: _____ CELL PHONE _____

ADDRESS _____

EMAIL: _____

SCHOOL: _____ GRADE (FALL 2018): _____

DATE OF BIRTH: (M/D/Y) _____ CITY & STATE OF BIRTH: _____

PARENTAL/GUARDIAN INFORMATION

MOTHER'S Maiden Name: _____ RELIGION: _____ LIVING (Y / N)

FATHER'S NAME: _____ RELIGION: _____ LIVING (Y / N)

HOME PHONE: _____ CELL PHONE: 1. _____

CELL PHONE: 2. _____

MARITAL STATUS:

IF SEPARATED OR DIVORCED PLEASE COMPLETE THE FOLLOWING:

CUSTODIAL PARENT: _____

TO WHOM SHOULD MAIL BE ADDRESSED: _____

IF CHILD IS NOT LIVING WITH PARENTS, PLEASE COMPLETE THE FOLLOWING:

GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____

Day Phone: _____ Cell: _____

MEDICAL INFORMATION PLEASE INDICATE ANY MEDICAL OR SPECIAL EDUCATIONAL
NEEDS / CONDITIONS WE SHOULD KNOW ABOUT YOUR CHILD

ALLERGIES: _____

MEDICATION(S): _____

OTHER: _____

EMERGENCY CONTACT INFORMATION – (Other than parents)

NAME: _____

RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

SACRAMENTAL INFORMATION –* Children **NEW** to the program must submit a **baptismal Certificate with** their registration form.

BAPTISM:(Church): _____

(Address and Date): _____

FIRST RECONCILIATION: _____

FIRST EUCHARIST:(Church) _____

(Address, Date): _____

PERMISSION FOR PHOTOGRAPHS (CIRCLE) YES or NO

If you authorize and give consent for the taking of pictures/videos of your child and further give permission for the reproduction of photos for teaching purposes, publication, and news release etc.

As the parent/guardian and the primary educator of my child's faith, I will encourage and support my child along with the Parish Faith Formation Program, by regularly bringing my child to scheduled sessions, retreats and workshops, as well as encouraging my child to participate actively in community service and weekend Liturgies.

Registration Fees:

\$50 per child in grades K – 6th, \$70 for two or more children with a cap of \$100.00 for three or more children in a family.

The fee for children in First Reconciliation and First Eucharist is \$60 per child. No child is ever denied entrance into the Program because of an inability to pay the fees. (If this is a hardship, please contact Mrs. Margaret Stockwell, Faith Formation Coordinator. Sliding scale or payment plans can be worked out).

Signature: _____ /_____/_____
(PARENT or GUARDIAN) (DATE)

Please return form and fee by September 1, 2018. Thank you!