

**2018-2019 FAITH FORMATION REGISTRATION FORM NEW FAMILIES– Grades 7 - 10**  
**Church of the Holy Trinity - 122 Vliet Boulevard. - Cohoes, NY 12047**

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

Email: [htpfaithformation@gmail.com](mailto:htpfaithformation@gmail.com)  
Website: [www.holytrinitycohoes.org](http://www.holytrinitycohoes.org)

**Youth Information**

(Please Print and complete all information)

NAME: \_\_\_\_\_ Male \_\_\_ or \_\_\_ Female

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Email: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE (FALL 2018): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
(Month, Day, Year) CITY & STATE OF BIRTH: \_\_\_\_\_

**PARENTAL/GUARDIAN INFORMATION**

MOTHER'S MAIDEN NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_ LIVING? (Y/N) \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_ LIVING? (Y/N) \_\_\_\_\_

PARENTS MARITAL STATUS: \_\_\_\_\_

IF SEPARATED OR DIVORCED PLEASE COMPLETE THE FOLLOWING:

CUSTODIAL PARENT: \_\_\_\_\_

TO WHOM SHOULD MAIL BE ADDRESSED: \_\_\_\_\_

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

GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS) DAY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION – Other than parents.**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**MEDICAL INFORMATION**

PLEASE INDICATE ANY MEDICAL OR SPECIAL EDUCATIONAL NEEDS / CONDITIONS WE SHOULD KNOW ABOUT YOUR YOUTH:

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

**SACRAMENTAL INFORMATION** – Youth new to the program must submit a baptismal certificate with this registration form. **10<sup>th</sup> Graders** should submit a **copy** of their Baptismal Certificate **if not** done at Holy Trinity.

BAPTISM: Where?

\_\_\_\_\_ (Church, address, State, Zip) (Please Print all information) \_\_\_\_\_ (Month, Day, Year)

FIRST EUCHARIST: Where?

\_\_\_\_\_ (Church, address, State, Zip) \_\_\_\_\_ (Month, Day, Year)

**\*Permission for photographs** (Circle: **Yes or No** if you authorize / do not 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 releases, etc.)

**\*Permission for Safe Environment** (Circle: **Yes or No**) SE is given to all youth in the Fall as required by the Diocese unless there is a parental written 'opt out'. More information will follow.

*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 Fee:** \$50.00 per Youth, \$70.00 for 2 Youth in the same family; with a cap of \$100.00 for 3 or more Youth in the same family.

*(If this fee is a hardship, please contact Mrs. Margaret Stockwell, Faith Formation Coordinator. Sliding scale or payment plans can be worked out).*

**\*\*Note: 3 Legal absences per year.** Please email [htpfaithformation@gmail.com](mailto:htpfaithformation@gmail.com) if your youth will be absent for their session or will need to be picked up early (please enter building to do so).

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**Child's Special talents, interest:** \_\_\_\_\_

**PLEASE RETURN THIS FORM AND FEE BY SEPTEMBER 1, 2018.**

**THANK YOU!**

(Office only: FORM RECEIVED \_\_\_\_\_ PAID \_\_\_\_\_ CHECK# \_\_\_\_\_)