

Holy Trinity Church

Religious Education Registration

15 Route 37 Center, Sherman, CT 06784 (860) 355-1483

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom/Dad Work/Cell: _____

Mother's Maiden: _____

Emergency Contact: _____

Custodial Parent, if different from above _____

Email: _____

Home Address: _____

Both Parents Catholic? Y___ N___

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
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Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism Catholic? Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____