



MOST HOLY TRINITY PARISH

236 Route 390 • Cresco, PA 18326

P: 570-595-3100 Fax: 570-595-3200

www.mht-poconos.org • office@mht-poconos.org

Faith Formation Student Registration Form 2017-2018 (please print clearly)

Parent / Guardian

Additional Adult

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Title: Mr. Mrs. Ms.

Title: Mr. Mrs. Ms.

Mailing Address: _____

P.O. Box Number: _____

City/State: _____ Zip Code: _____

Parent / Guardian

Additional Adult

Home #: _____

Home # _____

Cell #: _____

Cell #: _____

Other #: _____

Other #: _____

Send email when possible. Yes ___ No ___ Email Address: _____

Emergency Contact Information:

Name: _____ Relationship to Child: _____

Contact Phone Number: _____

Please complete all pages for this form.

Please note the following when registering your child for Religious Education classes.

Registration will not be accepted without payment of fee.

Fee for the first two children is \$50.00 each, then \$25.00 for each additional child.

The additional fee for Sacramental Preparation is as follows:

First Communion/ First Reconciliation Preparation	\$50.00
Confirmation (Year 1) Preparation	\$25.00
Confirmation (Year 2) Preparation	\$50.00

1. All fees are payable by cash, check or money order. Checks made payable to Most Holy Trinity Parish.
2. If your child is preparing for any sacrament it is required that we have a copy of their Baptismal Certificate when you register. If your child was baptized in either Most Holy Trinity Parish, St. Ann's, St. Bernadette's or St. Mary's churches please inform us of which church and the month, day and year.
3. All families must be registered in the Parish before registering for Religious Education classes. This can be done by calling 570-595-3100 or visiting the Parish Office.
4. If there is any reality that would be helpful to us regarding the safety and well-being of your child(ren) then please let us know. All shared information is kept confidential.

For Office use only:

Date Registered _____

Form of payment: check cash money order

Amount collected: \$ _____

Received by _____ Date received _____

Students Information

First Child

Last Name: _____

First Name: _____

Middle Name: _____

Gender: _____

Birthdate: _____

Grade: _____

Allergies and Medical Concerns:

Second Child

Last Name: _____

First Name: _____

Middle Name: _____

Gender: _____

Birthdate: _____

Grade: _____

Allergies and Medical Concerns:

Baptism

Date: _____

Church Name: _____

Location: _____

Baptism

Date: _____

Church Name: _____

Location: _____

First Communion:

Date: _____

Church Name: _____

Location: _____

First Communion:

Date: _____

Church Name: _____

Location: _____

Confirmation:

Date: _____

Church Name: _____

Location: _____

Confirmation:

Date: _____

Church Name: _____

Location: _____

Third Child

Last Name: _____

First Name: _____

Middle Name: _____

Gender: _____

Birthdate: _____

Grade: _____

Allergies and Medical Concerns:

Fourth Child

Last Name: _____

First Name: _____

Middle Name: _____

Gender: _____

Birthdate: _____

Grade: _____

Allergies and Medical Concerns:

Baptism

Date: _____

Church Name: _____

Location: _____

Baptism

Date: _____

Church Name: _____

Location: _____

First Communion:

Date: _____

Church Name: _____

Location: _____

First Communion:

Date: _____

Church Name: _____

Location: _____

Confirmation:

Date: _____

Church Name: _____

Location: _____

Confirmation:

Date: _____

Church Name: _____

Location: _____