

# HOLY TRINITY P.R.E.P. REGISTRATION FORM

<b>For Office Use</b>	
Family Name: _____	
School Year: _____	
Fee: _____	Check #: _____

**Complete Form. Print clearly. For first time registrations, please bring an original and one copy of each child's Baptismal Certificate.**

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade entering In 2017-18	Name of Day School	Ethnic: Caucasian, Asian, Hispanic, Amer. Indian, African- American, other)	Baptism Date & Parish	Date of 1 <sup>st</sup> Penance 1 <sup>st</sup> Communion	Confirmation Date

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ **Email:** \_\_\_\_\_  
Street City Zip Code

Father's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_  
FIRST NAME MAIDEN NAME LAST NAME

Name of Person\* responsible for Religious Education **if not** Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

\*Please provide a letter signed by a parent/guardian which gives permission and names this person as the one responsible for the child(ren)'s religious education.

I have read the Parent Handbook and understand and agree to the requirements and expectations of the (Holy Trinity) Religious Education Program.

Please check box if there are custodial/legal issues regarding any child listed above and provide a complete copy of the court order.

Please check if you do **NOT** give **permission** for your child's **picture** to appear on the Holy Trinity website in relation to events that happen in the parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

Family Name: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION:**

If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number (home) \_\_\_\_\_  
(cell) \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at **(HOLY TRINITY)** Parish.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/LEARNING DATA**

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* / Learning Support Services	Individualized Education Program <b>IEP</b>
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Is there other information about your child that should be communicated?

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FAMILY BACKGROUND     MARRIED         SEPARATED         DIVORCED         REMARRIED         SINGLE PARENT

\* As defined by *Individuals with Disabilities Education Act (IDEA)*, the term "child with a disability" means a child: "with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.