



# HOLY TRINITY CATHOLIC CHURCH

## RELIGIOUS EDUCATION PROGRAM

### 2015-2016 REGISTRATION FORM

#### FAMILY INFORMATION

|                               |                                                 |              |          |
|-------------------------------|-------------------------------------------------|--------------|----------|
| Child(ren)'s Last Name:       |                                                 |              |          |
| Primary Mailing Address:      | STREET ADDRESS                                  |              |          |
|                               | CITY                                            | STATE        | ZIP CODE |
| Primary Family Email Address: |                                                 |              |          |
| Primary Family Phone Number:  |                                                 |              |          |
| Mother / Parent Full Name:    |                                                 |              |          |
| Mailing Address:              | Check <input type="checkbox"/> if Same as Above | Other Phone: |          |
|                               | STREET ADDRESS                                  |              |          |
|                               | CITY                                            | STATE        | ZIP CODE |
| Denomination/Religion:        |                                                 |              |          |
| Father / Parent Full Name:    |                                                 |              |          |
| Mailing Address:              | Check <input type="checkbox"/> if Same as Above | Other Phone: |          |
|                               | STREET ADDRESS                                  |              |          |
|                               | CITY                                            | STATE        | ZIP CODE |
| Denomination/Religion:        |                                                 |              |          |

- The entire contents of this form remain CONFIDENTIAL and are only used by department staff and your child(ren)'s catechist(s) as necessary to ensure that all children are adequately cared for while in RE.
- Please note that class assignments are processed with consideration paid to a variety of factors; unfortunately, we are *unable to accept special requests* in these matters.
- Early Bird Registration (Postmarked prior to June 1, 2015) and Families New to the RE Program:**
  - Annual Early Bird tuition is \$200.00 per child.
- Regular Registration postmarked on June 1, 2015 or after**
  - Annual Regular tuition is \$300.00 per child.
  - Registrations received after June 1 will be processed as space permits, and placement is NOT GUARANTEED.
- All registrations must be accompanied by tuition payment in full** in order to be processed.
  - Checks can be made payable to: Holy Trinity Catholic Church/RE
  - Online payment is available at [https://holytrinity.mytechsupport.com/eca/donations/make\\_donation.html](https://holytrinity.mytechsupport.com/eca/donations/make_donation.html)
    - Under "Organization" choose "Religious Education (RE)"
    - Under "Donation Type" choose "Registration Fee"
    - Then simply follow the prompts
  - If paying online, a paper registration must still be mailed/delivered to the parish.

Please contact Judith Brusseau with any questions or concerns regarding the registration process.  
202-903-2807  
[jbrusseau@trinity.org](mailto:jbrusseau@trinity.org)

Please mail/deliver/fax form to:  
Holy Trinity Catholic Church, attn: RE Registration  
3513 N. St. NW, Washington D.C. 20007  
Fax: 202-337-9048

#### TUITION CALCULATOR

|                                                                                        |                  |      |
|----------------------------------------------------------------------------------------|------------------|------|
| Early Bird/Families New to RE(Received/postmarked by 5/31) \$200 x                     | _____ Children   | = \$ |
| Regular Tuition (Received/postmarked on 6/1 or after) \$300.00 x                       | _____ Children   | = \$ |
| <input type="checkbox"/> Check # _____ <input type="checkbox"/> Online Receipt # _____ | Total Amount Due | = \$ |

#### FOR OFFICE USE ONLY

|                                                   |                                       |                                                                     |                                                           |    |    |
|---------------------------------------------------|---------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|----|----|
| <input type="checkbox"/> Payment Received:\$_____ | <input type="checkbox"/> YC Recorded  | Date Processed:                                                     | MM                                                        | DD | YY |
| <input type="checkbox"/> Volunteer Ops Recorded   | <input type="checkbox"/> REP Recorded | Photo Release <input type="checkbox"/> Y <input type="checkbox"/> N | OS <input type="checkbox"/> Y <input type="checkbox"/> N  |    |    |
|                                                   |                                       | New Family <input type="checkbox"/> Y <input type="checkbox"/> N    | 2FF <input type="checkbox"/> Y <input type="checkbox"/> N |    |    |

***\*For more than three children, please copy this page as needed\****

| STUDENT INFORMATION                                                                                          |                                        |                            |                                                                   |                                        |                 |    |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------|-------------------------------------------------------------------|----------------------------------------|-----------------|----|
| Child's First Name:                                                                                          |                                        |                            | Class Assignment:                                                 |                                        | Office Use Only |    |
| Gender:                                                                                                      | <input type="checkbox"/> M             | <input type="checkbox"/> F | Date of Birth:                                                    | MM                                     | DD              | YY |
| School Name:                                                                                                 |                                        |                            | School Grade [2015/16]:                                           |                                        |                 |    |
| <b><i>Please indicate the sacraments which your child has received within the Roman Catholic Church:</i></b> |                                        |                            |                                                                   |                                        |                 |    |
| Baptism:                                                                                                     | <input type="checkbox"/> Parish: _____ |                            | First Eucharist:                                                  | <input type="checkbox"/> Parish: _____ |                 |    |
| First Reconciliation:                                                                                        | <input type="checkbox"/> Parish: _____ |                            | Confirmation:                                                     | <input type="checkbox"/> Parish: _____ |                 |    |
| Chronic Health Conditions:                                                                                   |                                        |                            | ALL Current Medications:                                          |                                        |                 |    |
| Environmental & Food Allergies:                                                                              |                                        |                            | Educational & Behavioral Traits:<br>(e.g. gifted, dyslexic, ADHD) |                                        |                 |    |

| STUDENT INFORMATION                                                                                          |                                        |                            |                                                                   |                                        |                 |    |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------|-------------------------------------------------------------------|----------------------------------------|-----------------|----|
| Child's First Name:                                                                                          |                                        |                            | Class Assignment:                                                 |                                        | Office Use Only |    |
| Gender:                                                                                                      | <input type="checkbox"/> M             | <input type="checkbox"/> F | Date of Birth:                                                    | MM                                     | DD              | YY |
| School Name:                                                                                                 |                                        |                            | School Grade [2015/16]:                                           |                                        |                 |    |
| <b><i>Please indicate the sacraments which your child has received within the Roman Catholic Church:</i></b> |                                        |                            |                                                                   |                                        |                 |    |
| Baptism:                                                                                                     | <input type="checkbox"/> Parish: _____ |                            | First Eucharist:                                                  | <input type="checkbox"/> Parish: _____ |                 |    |
| First Reconciliation:                                                                                        | <input type="checkbox"/> Parish: _____ |                            | Confirmation:                                                     | <input type="checkbox"/> Parish: _____ |                 |    |
| Chronic Health Conditions:                                                                                   |                                        |                            | ALL Current Medications:                                          |                                        |                 |    |
| Environmental & Food Allergies:                                                                              |                                        |                            | Educational & Behavioral Traits:<br>(e.g. gifted, dyslexic, ADHD) |                                        |                 |    |

| STUDENT INFORMATION                                                                                          |                                        |                            |                                                                   |                                        |                 |    |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------|-------------------------------------------------------------------|----------------------------------------|-----------------|----|
| Child's First Name:                                                                                          |                                        |                            | Class Assignment:                                                 |                                        | Office Use Only |    |
| Gender:                                                                                                      | <input type="checkbox"/> M             | <input type="checkbox"/> F | Date of Birth:                                                    | MM                                     | DD              | YY |
| School Name:                                                                                                 |                                        |                            | School Grade [2015/16]:                                           |                                        |                 |    |
| <b><i>Please indicate the sacraments which your child has received within the Roman Catholic Church:</i></b> |                                        |                            |                                                                   |                                        |                 |    |
| Baptism:                                                                                                     | <input type="checkbox"/> Parish: _____ |                            | First Eucharist:                                                  | <input type="checkbox"/> Parish: _____ |                 |    |
| First Reconciliation:                                                                                        | <input type="checkbox"/> Parish: _____ |                            | Confirmation:                                                     | <input type="checkbox"/> Parish: _____ |                 |    |
| Chronic Health Conditions:                                                                                   |                                        |                            | ALL Current Medications:                                          |                                        |                 |    |
| Environmental & Food Allergies:                                                                              |                                        |                            | Educational & Behavioral Traits:<br>(e.g. gifted, dyslexic, ADHD) |                                        |                 |    |

**PICK-UP AUTHORIZATION**

PLEASE CHECK THIS BOX ☐ TO AUTHORIZE ONLY THE PARENTS LISTED ON THE FIRST PAGE OF THIS REGISTRATION FORM FOR PICK-UP OF ALL CHILDREN LISTED.

Indicate below all individuals (in addition to parents) AUTHORIZED to pick up your child(ren) from class:

|       |  |                             |  |
|-------|--|-----------------------------|--|
| Name: |  | Relationship to Child(ren): |  |
| Name: |  | Relationship to Child(ren): |  |
| Name: |  | Relationship to Child(ren): |  |
| Name: |  | Relationship to Child(ren): |  |

**MEDICAL TREATMENT & INSURANCE INFORMATION*****Emergency Medical Treatment Release***

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment (s) for my minor child in the event of my absence, or when the hospital or physicians are *unable to contact me*. This authorization extends to any hospital, physician, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against Holy Trinity Catholic Church, church staff, church volunteers, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

|                          |       |                        |  |
|--------------------------|-------|------------------------|--|
| Insurance Company:       |       | Identification Number: |  |
| Policy Number:           |       | Group ID Number:       |  |
| Child(ren)'s Full Names: |       |                        |  |
| Parent Signature:        | Date: |                        |  |

**AUTHORIZATION TO PUBLISH PICTURES & ARTWORK**

I hereby grant permission to Holy Trinity Catholic Church to publish pictures of me and/or my child(ren) [and any artwork created during the course of the Religious Education program] on the church's website or in the church's publicity information, newsletters, or bulletins. NO NAMES WILL BE PUBLISHED ON THE WEBSITE. I understand that if I give notice to the webmaster that I object to any particular picture of me and/or my child(ren), it will be removed as soon as possible. I understand that neither I nor any child(ren) in question will be paid any royalty or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.

|                          |       |
|--------------------------|-------|
| Child(ren)'s Full Names: |       |
| Parent Signature:        | Date: |

## PARENTAL VOLUNTEER INFORMATION

See "Called to Serve" Brochure for detailed descriptions

The continued success of the Religious Education program here at Holy Trinity rests on the involvement and participation of parents and parishioners alike. We are all asked to give freely and generously of our time, talents, and treasure.

**One parent from each family is asked to volunteer in some capacity**, as the burdens of many activities cannot be successfully supported by the shoulders of a few. We will do our best to accommodate your preferences, and to incorporate your particular talent, experience and knowledge in the most appropriate way.

Please reflect upon your own skills and abilities, and take a moment to let us know the area or activity below in which you would prefer to assist during the 2015-2016 Religious Education year.

Thank you for your thoughtful consideration as we prepare for another grace filled year!

| K-12 Religious Education Volunteer Opportunities                           | Mother/Parent            | Father/Parent            |
|----------------------------------------------------------------------------|--------------------------|--------------------------|
| Catechist                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Substitute Catechist                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Room Parent                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Office Assistant [Sunday—10:10-11:15 am]                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Office Assistant [Weekday]                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Class/Youth Mass Liturgical Assistant [Class-Grades 3-6] [YM-Grades 7-12]  | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitality Committee                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Service Coordinator                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Talents Volunteer [Dramatic & Performing Arts Skills]              | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Talents Volunteer [Musical Instrument / Vocal Talents]             | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Talents Volunteer [Photography / Videography/Technology]           | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Talents Volunteer [Sewing, Arts & Crafts]                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Shepherd's Flock Volunteer (Special Needs Religious Education)             | <input type="checkbox"/> | <input type="checkbox"/> |
| REAP (Religious Education Advisory Parent) Board Member                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Donut Ministry Volunteer                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Seasonal Program Volunteer(e.g. Advent Prayer Service, Saints' Day Parade) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Faith Formation Volunteer Opportunities                              | Mother/Parent            | Father/Parent            |
| Youth Confirmation Preparation Team                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| RCIA Sponsors/Team                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Marriage Preparation Facilitator                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Education Committee Member                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Library Support                                                            | <input type="checkbox"/> | <input type="checkbox"/> |

### Have an older son or daughter who would like to volunteer with the Faith Formation Program?

High Schoolers are invited to volunteer! Please fill out the information below and indicate any area(s) of interest.

|                                                                     |                                                 |
|---------------------------------------------------------------------|-------------------------------------------------|
| High Schooler Name:                                                 | Grade:                                          |
| Contact Email:                                                      | <input type="checkbox"/> Same as Parent's Email |
| AREAS OF INTEREST                                                   |                                                 |
| <input type="checkbox"/> Teaching Assistant—K-8 Religious Education | <input type="checkbox"/> Liturgical Minister    |
| <input type="checkbox"/> Peer Minister for the Confirmation Team    | <input type="checkbox"/> Service Programs       |
| <input type="checkbox"/> Donut Ministry Volunteer                   |                                                 |
| High Schooler Name:                                                 | Grade:                                          |
| Contact Email:                                                      | <input type="checkbox"/> Same as Parent's Email |
| AREAS OF INTEREST                                                   |                                                 |
| <input type="checkbox"/> K-8 RE Teaching Assistant                  | <input type="checkbox"/> Liturgical Minister    |
| <input type="checkbox"/> Peer Minister for the Confirmation Team    | <input type="checkbox"/> Service Programs       |
| <input type="checkbox"/> Donut Ministry Volunteer                   |                                                 |