



HOLY TRINITY CATHOLIC CHURCH RELIGIOUS EDUCATION PROGRAM 2016-2017 REGISTRATION FORM

FAMILY INFORMATION

Please print clearly. Complete all sections. Return this form with your check or online payment receipt.

Child(ren)'s Last Name _____

Mailing Address _____

City/State/ZIP _____

Primary Email Address _____

Primary Phone Number: _____

Mother/Parent Full Name _____

Mailing Address Check if same as above Other Phone _____

City/State/ZIP _____

Denomination/Religion _____

Father/Parent Full Name _____

Mailing Address Check if same as above Other Phone _____

City/State/ZIP _____

Denomination/Religion _____

TUITION/PAYMENT

All registrations must be accompanied by tuition payment in full in order to be processed.

Families new to the RE program.....\$200 per child _____ children X \$200 = \$ _____

Families paying before 5/31/16 (postmark date)\$200 per child _____ children X \$200 = \$ _____

Families paying after 5/31/16 (postmark date)\$300 per child _____ children X \$300 = \$ _____

TOTAL DUE.....\$ _____

Paying by check Check # _____
Payable to: Holy Trinity Catholic Church/RE
Mail to 3513 N Street NW
Washington, DC 20007
Fax to: 202-334-9048

Paying online Receipt # _____
[Click here to pay online](http://www.trinity.org) at www.trinity.org
Under Organization, choose "Religious Education (RE)."
Under Donation Type, Choose "Registration Fee."
Follow the prompts.

Religious Education tuition supports only a portion of the cost of the Faith Formation ministry.
Additional funding is provided by the parish made possible through the parish pledge.
All RE families are encouraged to participate in the annual pledge campaign.
<http://trinity.org/2016/01/make-your-2016-annual-parish-pledge/>

This information is **CONFIDENTIAL** and is only used by staff and catechists to ensure that all children are adequately cared for while in RE. Class assignments are processed with consideration paid to a variety of factors; we are unable to accept special requests.

STUDENT INFORMATION

(COPY ADDITIONAL PAGES AS NEEDED.)

Child's First Name _____ Date of Birth _____ Male Female

School Name (2016-2017) _____ School Grade (2016-2017) _____

Please indicate the sacraments your child has celebrated within the **Roman Catholic Church**.

Baptism _____ First Eucharist _____
Parish/Date *Parish/Date*

Reconciliation _____ Confirmation _____
Parish/Date *Parish/Date*

Chronic Health Conditions: _____

Environmental & Food Allergies: _____

All Current Medications: _____

Educational & Behavior Traits: (gifted, dyslexic, ADHD): _____

OFFICE USE

Child's First Name _____ Date of Birth _____ Male Female

School Name (2016-2017) _____ School Grade (2016-2017) _____

Please indicate the sacraments your child has celebrated within the **Roman Catholic Church**.

Baptism _____ First Eucharist _____
Parish/Date *Parish/Date*

Reconciliation _____ Confirmation _____
Parish/Date *Parish/Date*

Chronic Health Conditions: _____

Environmental & Food Allergies: _____

All Current Medications: _____

Educational & Behavior Traits: (gifted, dyslexic, ADHD): _____

OFFICE USE

Child's First Name _____ Date of Birth _____ Male Female

School Name (2016-2017) _____ School Grade (2016-2017) _____

Please indicate the sacraments your child has celebrated within the **Roman Catholic Church**.

Baptism _____ First Eucharist _____
Parish/Date *Parish/Date*

Reconciliation _____ Confirmation _____
Parish/Date *Parish/Date*

Chronic Health Conditions: _____

Environmental & Food Allergies: _____

All Current Medications: _____

Educational/Behavior Needs: (gifted, dyslexic, ADHD): _____

OFFICE USE

PICK UP AUTHORIZATION

- Please check this box to authorize only the parents named on page 1 of this form to pick up the children listed or indicate below who (in addition to parents listed on page 1 is authorized to pick up children from class.

Name _____ Relationship to Child(ren) _____

Name _____ Relationship to Child(ren) _____

Name _____ Relationship to Child(ren) _____

Name _____ Relationship to Child(ren) _____

MEDICAL TREATMENT AND 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 # _____

Policy # _____ Group ID # _____

Child(ren)'s Full Names _____

Parent Signature _____ Date _____

AUTHORIZATION TO PUBLISH PHOTOGRAPHS AND 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 _____

- I do not grant authorization to publish photographs or artwork.

PARENTAL VOLUNTEER INFORMATION

The continued success of the Religious Education program at Holy Trinity rests on the involvement and participation of parents and parishioners. 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 will assist during the coming Religious Education year.

K-8 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 [Grades 4-8].....	<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"/>
Seasonal Program Volunteer (e.g. Advent Prayer Service, Saints' Day Parade)	<input type="checkbox"/>	<input type="checkbox"/>
Other Faith Formation Volunteer Opportunities.....	<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"/>

Do you have an older high school son or daughter who would like to volunteer with the Faith Formation Program?

Student's Name _____

Grade [2016-2017] _____

Contact Email _____

- Teaching Assistant K-8 Religious Education
- Peer Minister
- Liturgical Minister
- Service Programs

OFFICE USE ONLY

EARLY-BIRD

REGULAR

Payment recd \$ _____

Payment recd \$ _____

YC Recorded

Photo Release

Yes No

Online receipt _____

Online receipt _____

REP Recorded

New Family

Yes No

Date processed _____

Date processed _____

Vol Ops Recorded

OS

Yes No