

Fee: \$50 per child

# Elementary Faith Formation

For more information or to ask questions,  
please contact Kristin Casas,  
CRE at 497-4145 or  
kristin@holytrinitysat.org



Age 4 yrs thru 5th grade  
Session Sign-Up 2016-17

**Family Information** *Please print clearly so data may be entered correctly.*

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

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father / Guardian's First & Last Name \_\_\_\_\_

Mother / Guardian' First & Last Name \_\_\_\_\_

Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single

Child Resides With: ( ) Both Parents ( ) Father ( ) Mother ( ) Other \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

## Elementary Faith Formation Sessions

Child registration  
is found on the  
back of this form.

**Traditional Elementary** (Children enrolled in 4 year old Pre-K thru 5th grade)

Monday 4:30-5:30 PM  
6:00-7:00 PM

Tuesday 4:30-5:30 PM  
Wednesday 4:30-5:30 PM

Homeschool

### PARENT MEDICAL AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact me immediately or the emergency contact persons. In the event I cannot be reached, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize or to secure medical treatment that the physician has deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Holy Trinity Catholic Church, through its accident policy, will be used as secondary coverage. I understand all reasonable safety precautions will be taken at all times by Holy Trinity's staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Holy Trinity Catholic Church, the Archdiocese of San Antonio, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I also understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio reproduction in which my child may appear by Holy Trinity Catholic Church. I understand that these materials are being used for the promotion of Holy Trinity Catholic Church that includes volunteer recruitment, Internet, and fund raising efforts.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Children's Registration

Re-registration ( )

New Registration ( )

I have another child registered in the Edge ( ) Lifeteen ( )

1. Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Fall '16 \_\_\_\_\_

Session: \_\_\_\_\_

Has this child celebrated the following Sacraments?

**Catholic Baptism:** \_\_\_ Yes \_\_\_ No

*Please provide Baptismal Certificate for all new registrations.*

**1st Reconciliation:** \_\_\_ Yes \_\_\_ No

**1st Eucharist:** \_\_\_ Yes \_\_\_ No

Describe any special needs your child may have that we can meet in order to be successful in his/her class.

2. Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Fall '16 \_\_\_\_\_

Session: \_\_\_\_\_

Has this child celebrated the following Sacraments?

**Catholic Baptism:** \_\_\_ Yes \_\_\_ No

*Please provide Baptismal Certificate for all new registrations.*

**1st Reconciliation:** \_\_\_ Yes \_\_\_ No

**1st Eucharist:** \_\_\_ Yes \_\_\_ No

Describe any special needs your child may have that we can meet in order to be successful in his/her class.

3. Child's Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Fall '16 \_\_\_\_\_

Session: \_\_\_\_\_

Has this child celebrated the following Sacraments?

**Catholic Baptism:** \_\_\_ Yes \_\_\_ No

*Please provide Baptismal Certificate for all new registrations.*

**1st Reconciliation:** \_\_\_ Yes \_\_\_ No

**1st Eucharist:** \_\_\_ Yes \_\_\_ No

Describe any special needs your child may have that we can meet in order to be successful in his/her class.

## Please check the areas your family would like to VOLUNTEER in to help with the FF Program:

\_\_\_ Co-Catechist \_\_\_ Catechist Aide \_\_\_ Substitute \_\_\_ Office Volunteer

Class time / time availability: \_\_\_\_\_

### Payment Information

The Faith Formation fee offsets the cost of staff, textbooks, supplies/materials, catechist training, etc. necessary for the parish to offer a Faith Formation program. The fee is **\$50 per child**, regardless of whether your child participates in the classroom or homeschool option.

Registered with the Parish \_\_\_ Yes \_\_\_ No

Catechist for 2016-17 \_\_\_ Yes \_\_\_ No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **For office use only**

Fees Paid: Cash Receipt #: \_\_\_\_\_ Check # \_\_\_\_\_ Scholarship: \$ \_\_\_\_\_  
Cash Amount: \$ \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_