

**HOLY TRINITY FAITH FORMATION REGISTRATION FORM 2017
GRADES K-6**

315 First St., Westfield, NJ 07090

908-233-7455; Email: mlizzo.faithformation@verizon.net

(Please print clearly)

Office Use Only Date Received: _____ Check # and Amt: _____

IF YOU ARE REGISTERING A FIRST GRADER, WE MUST RECEIVE A COPY OF THEIR BAPTISMAL CERTIFICATE (EVEN IF BAPTIZED AT HOLY TRINITY) BY JUNE 15, 2017.

FAMILY NAME _____

Phone: _____ **Cell Phone:** _____

Email Address _____
(please print clearly)

Father's Name _____ **Catholic** ___ **Yes** ___ **No** **Occupation** _____

Mother's Maiden Name _____ **Catholic** ___ **Yes** ___ **No** **Occupation** _____

Please circle one- married separated divorced widow/widower single

If single/divorced, Joint custody? **Yes** ___ **No** ___

Are You Registered in Holy Trinity Parish? ___ **Yes** ___ **No**

(It is parish policy that you must be registered in Holy Trinity Parish if you have children in the Faith Formation program.)

Mail to be addressed to (Mr./Mrs.), (Mrs.), (Ms.), (Mr.) _____

Address _____
(please complete if there have been any changes from previous year)

Please indicate if your child (children) has (have) any special needs: _____

New Student Information

New students are those children coming into our program for the very first time.

ALL NEW STUDENTS MUST HAVE A COPY OF THEIR BAPTISMAL CERTIFICATES (EVEN IF HOLY TRINITY). WHEN TRANSFERRING FROM ANOTHER PARISH, PLEASE PROVIDE A COPY OF RECORDS AT THE TIME OF REGISTRATION.

Has your child had previous religious formation? ___ **Yes** ___ **No**

Name of Church _____ **Address** _____

Date/Church of Baptism _____

Date/Church of First Penance _____

Date/Church of First Eucharist _____

(Over)

OPTION 1-CLASSROOM OPTION: GRADES PK-6 AT HOLY TRINITY INTERPAROCHIAL SCHOOL - SUNDAY, 10:15-11:30 A.M.:

FIRST NAME OF CHILD	GRADE IN SEPT., 2017	PUBLIC SCHOOL ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

OPTION II. FAMILY AT HOME INSTRUCTION (for grades 1-6) Teaching my child (children) at home in our family setting. Interviews with parent and child are conducted with the Director of Faith Formation twice a year. Families commit to attending three additional events throughout the year. Registration for these events take place in September.

FIRST NAME OF CHILD	GRADE IN SEPT., 2017	PUBLIC SCHOOL ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

WOULD YOU BE INTERESTED IN VOLUNTEERING? We are committed to offering as many classes as we have catechists and support staff. Please consider joining us as a catechist or in some other capacity of service in our catechetical ministry.

_____ Catechist _____ Aide _____ Substitute _____ Hall Monitor

FEES: (Registration and payment received prior to June 15, 2017

_____ \$135 for 1 child; _____ \$165 for 2; _____ \$190 for 3 or more children

Registration received after June 15, 2017

_____ \$160 for 1 child; _____ \$190 for 2; _____ \$210 for 3 or more children

For those children preparing for RECONCILIATION AND FIRST EUCHARIST there is a SACRAMENT FEE of \$70 which is due by October 1, 2017.

Check attached _____ I will pay by October 1st _____

Make checks payable to Holy Trinity Church

Our faith formation offerings are meant to complement each family's practice of their faith. We believe that the family is the domestic church where young people develop faith, understanding of church and the formation of values. The catechetical ministry of Holy Trinity Parish is designed to assist and support parents whose influence on their children is primary.

PLEASE INITIAL

I understand my commitment as the primary educator of my child's faith to participate fully in the life of the parish community by attending Mass with my child on Sundays and Holy Days of Obligation.

Parent Signature: _____ Date: _____