

HOLY TRINITY FAITH FORMATION  
SUMMER PROGRAM REGISTRATION FORM  
2018

Grades 1 - 8  
315 First St., Westfield, NJ 07090 (908) 233-7455  
mangelo.faithformation@verizon.net  
mlizzo.faithformation@verizon.net

Office use only Date Received: _____ Check # and Amt: _____ _____
--

**A \$50 non-refundable registration fee (which will be applied to your fee) is due with this form.**  
**Registration fees are due by MAR. 1<sup>ST</sup> FOR DISCOUNT. NO REFUNDS AFTER MAY 1<sup>ST</sup>**

*(Eucharist and Confirmation fees are separate from this registration.)*

FAMILY NAME \_\_\_\_\_ Preferred Phone # \_\_\_\_\_ cell  
\_\_\_\_\_ home

Address \_\_\_\_\_ Emergency # \_\_\_\_\_  
(street) (town)

Email Address(es) \_\_\_\_\_  
*(please print clearly)*

Father's Name \_\_\_\_\_ Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Catholic: Yes \_\_\_\_\_ No \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Occupation \_\_\_\_\_

Please circle one –married separated divorced widow/widower single

Mail to be addressed to (Mr./Mrs.), (Mrs.), (Ms.), (Mr.) \_\_\_\_\_  
(name)

Are You Registered in Holy Trinity Parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

It is parish policy that families attending the Faith Formation programs should be registered as Holy Trinity parishioners. Please contact the rectory, 908-232-8137 to register.

Please indicate if your child has any special needs or if there are any custodial issues which we should be aware of:

*(Special health issues should be detailed on the attached Health Care Consent Form)*

**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.**

Name \_\_\_\_\_ Grade in Sept.,2018 \_\_\_\_\_ Public School \_\_\_\_\_

Date/Place of Birth \_\_\_\_\_ Date/Church of Baptism \_\_\_\_\_

Date/Church of First Eucharist: \_\_\_\_\_

Date/Church of Confirmation: \_\_\_\_\_

**FAMILY NAME:** \_\_\_\_\_

*Please choose the session you want for your child(ren) indicating your first and second choices. We will do our best to accommodate your needs. Please note that there is just one session for Junior High. Two sessions are being offered for grades 1-6. There is a maximum of 150 students per session. Fill in child's first and last name, grade, and the public school he/she will be attending in September 2016*

**JR. HIGH – GRADES 7 AND 8 – Mon. June 25 – Fri. June 29; 8:30-2:30 Mon-Thurs; early dismissal on Friday, June 29 at 12:30PM**

Child's Name	School	Grade in Sept 2018
_____	_____	_____
_____	_____	_____

**PRIMARY GRADES 1-6 Session One: July 9-13; Session 2: July 16-20 8:45 – 2:45**  
**EARLY DISMISSAL ON FRIDAY JULY 13 AND FRIDAY JULY 20 AT 12:30PM**

\*Please do not register your child for second grade if they have not attended first grade Religious Education  
Mark 1 for 1<sup>st</sup> choice, 2 for 2<sup>nd</sup>

Child's Name	School	GRADE Sept 2018	Week 1	Week 2
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**FEE: IF PAID BEFORE MARCH 1, 2018 FEE**      **IF PAID AFTER MARCH 1, 2018**

1 child	\$250	1 child	\$275
2 children	\$460	2 children	\$485
3 or more children	\$500	3 or more	\$525

A \$50 non-refundable deposit, which will be applied to the fee, is due with the registration form.

\$30 CYO dues for 7<sup>th</sup> & 8<sup>th</sup> graders should be added to your fee.

**SACRAMENT FEE FOR FIRST EUCHARIST/FIRST RECONCILIATION**  
is \$70 and is due by October 1<sup>st</sup>, 2018. (This is for children preparing to receive First Holy Communion in Spring 2019. It may be paid now or in the fall.)

**Make checks payable to *Holy Trinity Church***

In order to complete the Faith Formation curriculum, all students must complete all 5 days of the summer classes. In addition, Primary Grade students (1-6) must attend 3 of 4 scheduled Family Events: Family Speaker (October, date tba), Advent Gathering, Family Speaker (January, date tba) and Lenten Gathering. Junior High students (7-8) must complete requirements as detailed in the JH handbook—available spring 2018.

Signature  
Required

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*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.*

*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.*

Signature  
Required

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE COMPLETE, SIGN, AND ATTACH THIS HEALTH/PHOTO RELEASE FORM FOR EACH CHILD  
IN THE HOLY TRINITY SUMMER 2018 PROGRAM

**HOLY TRINITY SUMMER FAITH FORMATION**

315 First Street, Westfield, NJ 07090 908-233-7455;

[mlizzo.faithformation@verizon.net](mailto:mlizzo.faithformation@verizon.net), [mangelo.faithformation@verizon.net](mailto:mangelo.faithformation@verizon.net)

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies (Food/Drug/Other): \_\_\_\_\_

**Please indicate which of the following you would permit the Health Coordinator to administer to your child:**

Yes / No	Triple Antibiotic Cream
Yes / No	Caladryl Lotion
Yes / No	Antiseptic Wound Wash

Yes / No I give the Health Coordinator permission to administer the above indicated items.

Yes / No I give permission for my child to self-administer inhalers or epi-pens (age 10 and above) if it is deemed safe and appropriate; If my child is under age 10, I give permission for the Health Coordinator to assist my child with administration. Epi-pens should be brought to the Health Coordinator BEFORE the child begins class.

Yes / No I give the Health Coordinator permission to share information relevant to my child's health with appropriate school personnel to ensure his/her health and safety.

Yes / No I understand that medications, including vitamins, over-the-counter medications, herbal and homeopathic remedies, **may not be kept by the student**; they must be left with the Health Coordinator in the original container.

Yes / No I give the Health Coordinator permission to call for Emergency Medical Services and consent to my child being transported to a medical facility should a medical emergency occur.

Yes / No I understand that the Health Coordinator is Red Cross certified in First Aid and Epi-Pen administration but is **not** a licensed nurse; there will not be a nurse present during the course of the summer program.

Please make us aware of any special health needs that your child may have.

\_\_\_\_\_  
\_\_\_\_\_

**Signature  
Required**

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTO RELEASE FORM: Signature Required**

During the week in the Faith Formation program, we may take pictures to post in the Parish Center, near the church entrance or on the parish website. We will NOT include the children's names on the pictures. Please indicate below if you give permission to have your child's pictures and included in a display in the parish center, church entrance or parish website.

\_\_\_ I DO GIVE permission for my child, \_\_\_\_\_,

\_\_\_ I DO NOT give permission for my child, \_\_\_\_\_,

to have his/her picture taken and included in a display in the parish center, church entrance or parish website.

**Signature  
Required**

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date