

Date _____

Christian Formation Registration Form 2010/2011

Office use only
Registration # _____

Please fill out front **and** back of this form. An incomplete registration form will be returned. Return this form with payment to the parish office. **Do you need to include a copy of your child's baptismal certificate?**

Family Information:

Family's

Last Name: _____ Parents: _____ Phone (H): _____

Address (and Zip) _____ Husband (w) _____ (c) _____

Family e-mail _____ Wife (w) _____ (c) _____

Circle Sacraments you desire your child to receive this year.

Child's name _____ **BAP RECONCILIATION EUCHARIST CONFIRM**

Child's name _____ **BAP RECONCILIATION EUCHARIST CONFIRM**

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Catechesis of the Good Shepherd

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School Name _____

Level: 3-6 yrs. _____ 6-9 yrs. _____ 9-12yrs. _____

Date and Time: 1st choice _____ 2nd choice _____

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School Name _____

Level: 3-6 yrs. _____ 6-9 yrs. _____ 9-12yrs. _____

Date and Time: 1st choice _____ 2nd choice _____

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School Name _____

Level: 3-6 yrs. _____ 6-9 yrs. _____ 9-12yrs. _____

Date and Time: 1st choice _____ 2nd choice _____

Emergency Information:

List a neighbor or relative available during atrium time who will assume temporary care of your child(ren) if you cannot be reached.

Name: _____

Phone: _____

How known: _____

Junior High Ministry

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School Name _____

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School Name _____

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School Name _____

Emergency Information:

List a neighbor or relative available Sunday evening who will assume temporary care of your child(ren) if you cannot be reached.

Name: _____

Phone: _____

How known? _____

GIFT and Home Study on reverse side!

GIFT - Wednesday evenings

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School _____

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School _____

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School _____

Home Study

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School _____

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School _____

Child's Name
(first & last) _____

Birth date _____ M or F Grade (Fall 10) _____

School _____

Family Profile-for ALL families to consider

The following information will be treated as confidential.

Is there anything that would be helpful to know about your child or your family (illness/death in the family, single parent, different religious beliefs, areas of difficulty for the child such as trouble reading, areas of self-consciousness, allergies, etc)? If the information is about a specific child please specify which child has the need.

If your child has any special needs such as physical impairments, cognitive impairments, ADD, ADHD, learning disabilities, vision impairments, hearing impairments, medical or behavioral conditions, we would like to contact you to get more information about how we can best serve your child.

The best time to reach me _____ (name) is ____: ____ am/pm at _____ (number) regarding _____ (name of child).

Gifts and Ministry

All members of Holy Trinity Parish are blessed with their own unique gifts. Below are specific areas in which we need your help; place your initials next to the task(s) you can volunteer to do:

_____ assist with weekly laundry for CGS (must like to remove stains, and to iron)

_____ classroom assistance (para support)

_____ Children's Liturgy assistance

_____ monthly cleaning of atrium space

_____ cut materials for atrium

_____ 1st communion retreat

_____ Confirmation retreat

_____ hospitality/ food – GIFT or Jr. High

_____ Hospitality for adult retreats (provide dishes for meals)

_____ Hospitality for CGS formation courses (provide snacks or light lunch)

_____ group facilitators-GIFT or Jr. High

_____ woodworking repairs for CGS materials

_____ catechist assistant for CGS (help during atrium session)

After registration is complete, we will contact you with details concerning specific tasks, times, dates, etc. THANK YOU for supporting our parish community!

OFFICE USE ONLY

Amount Received _____ Check # _____ Cash _____ Family ID# (envelope #) _____