

HOLY TRINITY PARISH FAITH FORMATION PROGRAM REGISTRATION 2024 - 2025

Family Last Name _____ Best # _____
 Mailing Address _____ Town & Zip _____
 _____ Street Address (if different)

Father _____ Mother _____
 (Full Name) (Include Maiden Name)

Father's Phone # _____ Mother's Phone # _____
 Email _____

Registered with Holy Trinity Parish? Yes (If not, you need to register first.)
Preferred Campus (circle one) - Bristol - Plymouth

ALL Children's first & middle names <i>(Include last name if different from family name listed above)</i>				PLEASE CHECK SACRAMENT(S) ALREADY RECEIVED			
	Date of Birth <i>(mm/dd/yr)</i>	M/F	Grade/ Age Sep. 2024	Baptism	Reconciliation (Confession)	Confirmation	Eucharist

Please provide Baptismal Certificate if your child was not baptized here.

Please list any special circumstances which the catechists should know about your child (ex. EpiPen, inhalers, medical conditions, behavioral issues, etc.)

We occasionally display photos of the children on the parish website, bulletin, and other religious publications (ex. The Parable Magazine). **If you do not want your child/ren's photo displayed, please check the following: _____ I do not want my child/ren's photo displayed.**

_____ **Please check here if your family needs a copy of the Catholic Youth Bible.**

My signature indicates that I have read the information and given accurate responses.

X _____
 (Signature of Parent or Guardian)

Registration forms can be mailed to: Holy Trinity Parish, 11 School St., Plymouth, NH 03264 Attn: Faith Formation Coordinator or emailed to faithformation@holytrinityparishnh.org

For more information please contact: Holy Trinity Parish Faith Formation Coordinator: Kristen Downing de Almeida at faithformation@holytrinityparishnh.org or 603-490-8555