Holy Trinity Parish

2024 – 2025 Children's Faith Formation Registration

3122 Poinsetta Dr, Colorado Springs, CO 80907

Family Last Name:				Date:		
			Home Phone:			
Mother's Name:			Mom/D	Mom/Dad Work/Cell:		
Mother's Maiden:			Emergency Contact:			
Email:				Both Parents	s Catholic? Y N	
Custodial Parent, if differe	ent from above:					
Home Address:						
Child has participated in a	a PSR/CCD pro	ram prior to this	s year? Y N_	Where?		
Child	Birthdate		Sex Gr		ade	
Sacrament and Date:		Catholic?	Eucharist	Penance	Confirmation	
		_ y/n				
Special Needs: medical, lea	rning disabilities,	physical disabilit	ies:			
Child	Birthdate		Sex	Grade		
Sacrament and Date:	Baptism	Catholic?	Eucharist	Penance	Confirmation	
		_ y / n				
Special Needs: medical, lea	rning disabilities	physical disabilit	ies:			
Child	Birthdate		Sex	Grade		
Sacrament and Date:	Baptism	Catholic?	Eucharist	Penance	Confirmation	
		_ y / n				
Special Needs: medical, lea	rning disabilities.	physical disabilit	ies:			
NOTE: If we do not have				ease attach a copy	to this registration.	
Parent Volunteer Oppolitie of the Church. We einterest you.					mation program and the or more areas that	
•	CatechistCatech		hist Aide	Sub	Substitute Catechist / Aide	
Help with	First Commu	nion/Confirma	tion Reception	Sunc	lay morning office help	
		Help	for Special Proje	cts/Events		
				r more children \$50 5; Confirmation \$25		

Tuition Due: \$_____ Tuition Pd: \$____ Cash/Check #: ____ Parishsoft