## **Holy Trinity Parish**

## 2025 – 2026 Children's Faith Formation Registration

3122 Poinsetta Dr, Colorado Springs, CO 80907

Family Last Name:			Date:		
		Home Phone:			
		Mom/D	ad Work/Cell:		
Mother's Maiden:			Emergency Contact:		
			Both Parents	s Catholic? Y N	
ent from above:					
a PSR/CCD prog	ram prior to this	s year? Y N_	Where?		
Birthdate		Sex	Gra	ıde	
Baptism	Catholic?	Eucharist	Penance	Confirmation	
	_ y / n				
rning disabilities,	physical disabilit	ies:			
Birthdate		Sex	Grade		
Baptism	Catholic?	Eucharist	Penance	 Confirmation	
	_ y / n				
rning disabilities,	physical disabilit	ies:			
Birthdate		Sex	Grade		
Baptism	Catholic?	Eucharist	Penance	Confirmation	
	_ y / n				
rning disabilities,	physical disabilit	ies:			
ve a copy of ea	 ach child's bap	otismal record, ple	ease attach a copy	to this registration.	
<del></del>				substitute Catechist / Aide unday morning office help	
i i iist Collillu		•		lay morning office help	
Foo Scalar				)•	
	Baptism Baptism Baptism Baptism Baptism Birth Baptism Birth Baptism Indicate a copy of eartunities! Pare ncourage eacht First Communication.	Birthdate  Baptism Catholic?  Jy/n  rning disabilities, physical disabilit  Birthdate  Baptism Catholic?  Jy/n  rning disabilities, physical disabilit  Birthdate  Baptism Catholic?  Jy/n  rning disabilities, physical disabilit  Birthdate  Baptism Catholic?  Jy/n  rning disabilities, physical disabilities a copy of each child's bapertunities! Parent volunteers a ncourage each parent to help to the courage of	Mom/D  Emerge  PSR/CCD program prior to this year? Y N  Birthdate Sex  Baptism Catholic? Eucharist  y / n	Home Phone:	

Tuition Due: \$\_\_\_\_\_ Tuition Pd: \$\_\_\_\_ Cash/Check #: \_\_\_\_ Parishsoft