

# 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)

Emergency Contact Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Email \_\_\_\_\_

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

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

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*

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. I also acknowledge receipt of and agree to adhere to the requirements set forth in the Family Faith Formation Policy Handbook.*

X \_\_\_\_\_  
 (Signature of Parent or Guardian)

**Registration forms can be mailed to: Holy Trinity Parish, 11 School St., Plymouth, NH 03264**  
**Or emailed to [faithformation@holytrinityparishnh.org](mailto:faithformation@holytrinityparishnh.org)**

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