

Blessed Trinity Catholic Church

2023/2024 Faith Formation Registration

Ages 3-Grade 5. Please return form to alarzelere@btmuth.org

Father's Last name: _____ First name: _____

Religion: _____ Occupation: _____

Mother's Last Name: (include maiden) _____ First: _____

Religion: _____ Occupation: _____

Address: _____

City: _____ Zip code: _____

home phone # : _____ cell/work phone #: _____

emergency phone #: _____

Email address: _____

(Please add alarzelere@btmuth.org to your contacts so that you receive important Faith Formation info)

Students to be Registered

(For Pre/K Parents ~ please indicate if child is FF3, FF4 or Kindergarten; must be age 3 or 4 by November 1, 2022)

Last name: _____ First name: _____ ☐ Male ☐ Female

Date of Birth: _____ grade in fall/2023: _____

Last name: _____ First name: _____ ☐ Male ☐ Female

Date of Birth: _____ grade in fall/2023: _____

Last name: _____ First name: _____ ☐ Male ☐ Female

Date of Birth: _____ grade in fall/2023: _____

Last name: _____ First name: _____ ☐ Male ☐ Female

Date of Birth: _____ grade in fall/2023: _____

Registration Fees

In order to defray some of the cost of educating our students, we ask that you pay a fee according to the scale below. If you have difficulty paying these fees, be sure to contact the parish office to be excused. Catechist's children are excused from fees.

\$30.00 – one child

\$60.00 – two children

\$80.00 – three or more children

Office Use Only

Reg Fee Pd _____

Total Due _____

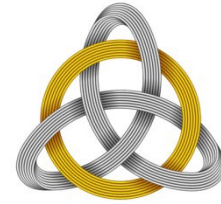
Check # _____

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2023/2024 Procedure for Picking Up

Your Child from Faith Formation Classes



Parents should plan to come into the building to pick up their child from Faith Formation classes. We will not release children into the parking lot.

(Anybody who comes to pick up a child should park in designated parking areas of the lot only. The circle drive is NOT a designated parking area.)

Parents should use this form to provide us with a list of people who may pick up their child. Such designated persons must come into the building as described above. If we do not know the designated person, we will ask for identification the first time they come.

Your child's (children's) name and grade:

Designated persons authorized to pick up your child:

Parent Signature: _____

By signing this Electronic Signature Consent Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I understand that my electronic signature is legally binding.

Today's Date: _____ Parent Telephone # _____

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Diocese of Saginaw ~ Blessed Trinity Catholic Church

Medical Treatment Release Form

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

name of minor(s) _____ **relationship to you** _____

reason for which release ~ Blessed Trinity Catholic Church Faith Formation and Youth Ministry-related events

address of minor _____

emergency phone(s) _____

family physician _____ **phone** _____

list allergies, medication, contacts or other pertinent comments

health insurance company _____ **policy #** _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I understand that some medical providers may not accept this if not notarized.

date: _____

signed _____

By signing this Electronic Signature Consent Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I understand that my electronic signature is legally binding.

Media Release Form

(must be completed for those under the age of 18)

Do you give permission for your child's name and picture to be included in publicity releases about parish events in:

(*Please note: Group sacramental photos **are** published at the Diocese and/or in the Frankenmuth News.)

- ☐ in-school/parish purpose use only (display in halls)
- ☐ Blessed Trinity Parish website
- ☐ *Catholic Diocese of Saginaw website/Facebook page
- ☐ *Local newspaper

Student (s) name

**MUST BE SIGNED BY PARENT OR
GUARDIAN:** _____

Date: _____

By signing this Electronic Signature Consent Form, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I understand that my electronic signature is legally binding.

Please Return Completed form to Anna Larzelere at alarzelere@btmuth.org
or turn in to the parish office.

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2023/2024 Sacrament Registration

Complete the following information if you wish to prepare your child for Reconciliation and First Eucharist (student is customarily in grade two). Registration of a student for a sacrament is allowed only if the student has completed at least one year of faith formation education immediately prior to beginning the process of sacrament preparation. **If your child was not baptized at Blessed Trinity, please call the parish of Baptism and request that a copy of their certificate is sent to Blessed Trinity (with seal).** Older students requesting sacrament preparation should also complete this form. Please use a separate form for each child.

child's last name _____

first name _____

middle name _____

sacrament/s to be received _____

current age _____

date of birth _____

place of Baptism _____

date of Baptism _____

City _____ State _____

Please Return Completed form to Anna Larzelere at alarzelere@btmuth.org
or turn in to the parish office.