Blessed Trinity Catholic Church
2026/2027 Faith Formation Class Registration

*Download and complete the following registration form for **Pre/K – Grade 5 Faith Formation classes.** Please return all forms by September 14, 2026 to parish office or email to:slemanski@btmuth.org*

father's name (last)	first	religion	occupation
mother's name (include maiden)	first	religion	occupation
address	city		zip code
home phone #	cell/work phone #		emergency phone #
email			

please add slemanski@btmuth.org to your contacts to 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, 2026)

last name	first name	middle	sex	date of birth	grade in fall/2026
last name	first name	middle	sex	date of birth	grade in fall/2026
last name	first name	middle	sex	date of birth	grade in fall/2026
last name	first name	middle	sex	date of birth	grade in fall/2026

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 # _____

Cash _____

Date _____

By _____

Blessed Trinity Catholic Church ~ Diocese of Saginaw
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-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 _____ Parent Signature _____

Media Release Form

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

Photographer(s) may be present at Faith Formation events, taking photos for Blessed Trinity Parish, the Catholic Diocese of Saginaw, and/or social media websites for informational and/or promotional purposes. Please check the appropriate box below:

_____ I give permission for photos and/or videos of my child to be included with other photos on the Blessed Trinity Parish, Catholic Diocese of Saginaw, and/or social media websites.

_____ I do not give permission for photos and/or videos of my child to be taken or posted on the Blessed Trinity Parish, Catholic Diocese of Saginaw, and/or social media websites.

Student Name (s) _____

Parent/Guardian Signature _____ Date _____

(MUST BE SIGNED BY PARENT OR GUARDIAN)

Blessed Trinity Catholic Church
2026/2027 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.

(child one)

child's last name | first name | middle name

sacrament/s to be received | current age | date of birth

place of Baptism | city | state | date of Baptism

(child two)

child's last name | first name | middle name

sacrament/s to be received | current age | date of birth

place of Baptism | city | state | date of Baptism

(child three)

child's last name | first name | middle name

sacrament/s to be received | current age | date of birth

place of Baptism | city | state | date of Baptism

Please save this document, and then email it to slemanski@btmuth.org