

# Blessed Trinity Catholic Church

## 2023/2024 Faith Formation Registration

*Please complete the following registration form for **Pre/K – grade 6.***

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 alarzalere@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 # \_\_\_\_\_

*Page intentionally left blank*

# *Blessed Trinity Catholic Church*

## *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 # \_\_\_\_\_

***Page intentionally left blank***

# 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.*

# Blessed Trinity Catholic Church

## 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 \_\_\_\_\_