

HOLY TRINITY PARISH
 FAITH FORMATION REGISTRATION ~ 2007/2008
 Middle School, High School, Confirmation

Family Name _____ Home Phone _____ E-mail Address _____

Address _____
 Street _____ City _____ State _____ Zip _____

Father's Name _____ Religion _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Religion _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Relationship _____ Phone _____
 (A family member or friend who does not live with you)

If you would like to register in the parish please ask a greeter at Mass for a welcome packet

Please fill in the following information for each child.				Please check all sacraments child has received				Please check which program child will be attending			
Student's Name	Birth Date	Grade	School	Baptism	Reconciliation	Eucharist	Confirmation	Middle School The EDGE	High School	Confirmation	RCIA Adapted for Children who have not been baptized

Middle School & High School

Please indicate where you are able to help

Youth Ministry Core Team
 Middle School Volunteer
 Transportation
 Phone Ministry
 Parking Lot Monitor
 High School Volunteer
 Chaperone
 Refreshments
 Other _____

OFFICE USE ONLY

Middle School Youth Group \$40.00
 Confirmation & HTYM \$65.00
 Amount Paid _____
 Office Signature _____
 High School Youth Group Only \$40.00
 Check # _____

* Scholarships are available by speaking with Father Dave. *

ARCHDIOCESE OF PORTLAND
HOLY TRINITY PARISH

Student/Youth Emergency Information and Procedure Form
Please complete one form per student

Student's Name _____ Date of Birth _____

Address _____
Street City State Zip

Phone Number _____

School Attending _____ Grade Level _____

Parent(s)/Guardian(s) _____

In case of illness, accident or emergency involving the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below. Thoroughly complete the following information and number each item 1,2,3,etc., in the order of desired action you wish us to take.

___ Contact _____ Phone # _____ Other Phone # _____

___ Contact _____ Phone # _____ Other Phone # _____

___ If above cannot be located, contact _____ Phone # _____

___ Contact family physician (if possible) _____ Phone# _____

___ Take student to nearest hospital _____

___ Other _____

Date of last DPT Immunization _____

Allergies (food, drugs, animals, etc.) _____

Current medications

Name _____ Dosage _____

Reason for drug _____ Prescribing physician _____

Name _____ Dosage _____

Reason for drug _____ Prescribing physician _____

Please note any injuries, recent surgery, prolonged illness, corrective lenses, or special health problems that would help emergency personnel care for your child or which might require special attention: _____

Name of Medical Insurance Company: _____

Group or I.D. Number: _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese of Portland assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation

Parent/Guardian Signature _____

Date _____