

## **Most Holy Trinity Faith Formation**

44 Meadow Way, East Hampton, New York 11937
Tel # 631 324-0134 Extensions 730 & 731

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## 2023-2024 Session A or B (Please circle one)

RETURNING ST	<u>UDENTS</u>	Date of Registration	
Child's Last Name			
Child's First Name	1	Grade	School
	2	Grade	School
	3	Grade	School
Name of Parent /Guardian			
Street Address		Town	Zip
Mailing Address		Town	Zip
Home Tel#Fa	her's Bus. Tel # Mo l phone # Ce		lother's Bus. Tel #ell phone #
Any changes since last year ex	xample: email, add	ress, phone numbe	er etc.:
E-Mail Address of parent or	Guardian		
Does your child need: Baptism	Penance	Communion	Confirmation
Last Grade or class attended in I	Faith Formation		
Special Considerations: (Me			special medications/family concerns)
		nyable to MHTF for each additional	F and (we accept cash)
For office use only:	Date Received Amount Paid Check #		Tuition Confirmation First Communion