



Most Holy Trinity Faith Formation

44 Meadow Way, East Hampton, NY 11937

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2024-2025

NEW STUDENT REGISTRATION

Date of Registration _____

Child's Last Name _____ First Name _____

Date of Birth _____ Child's School _____ Child's Grade _____

Child lives with: Parents _____ Father _____ Mother _____ Guardian _____

Name of Parent/ Guardian _____

Mailing Address _____ Town _____ Zip _____

Street Address _____ Town _____ Zip _____
(if different from mailing address)

Home Tel # _____ Father's Bus. Tel. # _____ Mother's Bus. Tel. # _____

Cell Phone # _____ Cell Phone # _____

E-Mail Address - of parent or guardian _____

Father's Name _____ Mother's Maiden Name _____
(first and last name)

Does your child need:

(Please check) **Baptism** _____ **Penance** _____ **Communion** _____ **Confirmation** _____

Child's Church of Baptism _____ Date of Baptism _____

(A copy of the Baptismal Certificate is required if not baptized at Most Holy Trinity)

Church/Date of First Penance _____ Church/Date of First Communion _____

Last Grade or class attended in Faith Formation _____

Fees, please make check or money order payable to MHTFF and (we accept cash)

Tuition: \$100.00 (1 child) \$50.00 (each additional child)

Sacramental Fees: Communion Fee: \$75.00 Confirmation Fee: \$75.00 (in addition to tuition)

Special considerations (Medical problems/learning disabilities, allergies, special medication/family concerns)

In the event of an emergency, please contact the following, after parents

Name _____ Relationship _____ Phone # _____

Please check if you are interested in becoming a _____ Catechist _____ Catechist Sub _____

For office use only:

Date Received _____

Tuition _____

Amount Paid _____

Confirmation _____

Check # _____

First Communion _____