Most Holy Trinity Faith Formation
44 Meadow Way
East Hampton, New York 11937
Tel # 631 324-0134 Ext. 7
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religiouseducation@mht-eh.org

2026-2027

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** _____