



**Most Holy Trinity Faith Formation**

44 Meadow Way  
East Hampton, New York 11937  
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**2026-2027**

**RETURNING STUDENTS**

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 # \_\_\_\_\_ Father's Bus. Tel # \_\_\_\_\_ Mother's Bus. Tel # \_\_\_\_\_

Cell phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Any changes since last year example: email, address, phone number etc.: \_\_\_\_\_

**E-Mail Address** of parent or Guardian \_\_\_\_\_

Does your child need: Baptism \_\_\_\_\_ Penance \_\_\_\_\_ Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Last Grade or class attended in Faith Formation \_\_\_\_\_

**Special Considerations:** (Medical problem/learning disabilities, allergies, special medications/family concerns)  
\_\_\_\_\_

Please check if you are interested in becoming a \_\_\_\_\_ Catechist \_\_\_\_\_ Catechist Sub \_\_\_\_\_

**Fees: Please make check or money order payable to MHTFF and (we accept cash)**

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

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

For office use only:

Date Received \_\_\_\_\_

Tuition \_\_\_\_\_

Amount Paid \_\_\_\_\_

Confirmation \_\_\_\_\_

Check # \_\_\_\_\_

First Communion \_\_\_\_\_