Most Holy Trinity Faith Formation

44 Meadow Way, East Hampton, New York 11937
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2023-2024

Session A or B (Please circle one)

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)
Tuition: $100.00 (1 child) $50.00 (each additional child)
Sacramental Fees: Communion Fee: $75.00, Confirmation Fee: $75.00

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 Aide, Sub_____

For office use only:
Date Received _____ **Tuition** _____
Amount Paid _____ **Confirmation** _____
Check # _____ **First Communion** _____