HOLY TRINITY PARISH RELIGIOUS EDUCATION PROGRAM REGISTRATION FORM 2026-27

DATE: _____

Parents'/Guardians' First and Last Names: _____

Home Address: _____ City:_____ Zip Code:_____

Please circle the phone # you would prefer us to use.

Home Phone: _____ Cell (Mom): _____ Cell (Dad): _____

Email Address: _____ **(Reminders will be sent electronically).**

Father's religion _____ Mother's religion _____

Parents' marital status *(Please circle all that apply)*

Mother: Married in Catholic Church; Married outside the Church; Separated; Divorced; Marriage Annulled; Remarried; Single; Widowed

Father: Married in Catholic Church; Married outside the Church; Separated; Divorced; Marriage Annulled; Remarried; Single; Widowed

Parents' sacrament information *(Please circle all that apply)* **Mother:** Baptism Eucharist Confirmation **Father:** Baptism Eucharist Confirmation

Registered in the parish? _____ Parish ID # _____

(Based upon enrollment, "Saints in Training" will be offered; this group follows the same monthly theme, only at a more basic level.)

****Active parishioner tuition fees:**

$_____Tuition: ____1 child $320
____2 children $380
____3 or more children $450

$_____Inactive or Out-of-Parish tuition fees:
per child $380 x #_____ children

Sacrament activity fees:

$_____ Reconciliation/Communion $60 #_____

$_____ Confirmation $125 #_____
(Sacraments are a 2-year prep study—
Fee is payable in the 2nd year of preparation.)

New Family materials (one-time fee for first time registration)

$_____ $30

($_____) $25 credit X _____ for each new family referred FCFF.

New Family name(s):_____

$_____ TOTAL DUE

Indicate payment plan; electronic payments accepted via website on WeShare. * Full * Half now * Monthly * Other:

Attached is $_____

I would like to donate to the Religious Ed. Program- $_____

Designate funds to:

A. someone's tuition B. greatest need C. other:_____

Families will not be denied Religious Education due to financial hardship.

(Please speak with the Director if you need financial assistance.)

Volunteer Opportunities may be available to help off-set tuition.

Children's names (Enrolling in program)	M/F	Birthday	Grade in Fall	School attending	Yrs. in RE (not K)	Dates/Parish Name & Location Sacraments Received *Copy of Baptismal Certificate required for new students unless baptized at Holy Trinity Parish*				Special Health or Learning Needs
						Baptism	1st Penance	1st Eucharist	Confirmation	
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Number of adults who will attend each month _____

Number of children for Trinity Tots playgroup (babysitting) _____ Ages _____

Our family would prefer to attend on: Monday ____ Wednesday____ (tentative calendar on back)
(Please indicate your 1st and 2nd choice. Placement will be made on a first-come, first-serve basis.)

Certificate of completion will be issued at conclusion of program year.

*****Active Parishioners attend Mass at Holy Trinity and contribute regularly (envelopes/Egiving) to support the Church.***

(OVER)

Office Use Only:

Fees: Tuition $_____ New Family Fee $_____ Sacrament Fee $_____

Assessed: Batch #_____ Date_____

Payments: Check #_____ Batch #_____ Date _____

COMMITMENT

I(we) understand that as Catholic Christians, our faith journey is to know, love and serve God. And as parent(s)/guardian(s), we recognize our responsibility as primary religious educators and role models for our children. In asking to participate in this program, we promise to do our part to nurture our child(ren)'s faith formation in the following ways:

- Our family agrees to fulfill our Catholic obligation to attend Mass on Sundays (or Saturdays) and Holy Days.
- Our family agrees to receive the Sacrament of Reconciliation on a regular basis.
- We will attend all scheduled Family Centered Formation sessions.
- We will continue the learning experience at home by completing the supplemental materials with our children.
- We will attend all parent meetings and sacrament preparation opportunities, including retreats and workshops.
- We will show our children how to live for Jesus by performing 6 hours a year of family service.
- By our actions, we will demonstrate to the world the Catholic principles of good personal morality and social justice.

*_____ _____

Signature of parent(s)/guardian(s) required Date

2026-2027 Family Centered Faith Formation Calendar

Parent Only Orientation Mtg. for new families—Wednesday, Sept. 14—7pm

Monthly Sessions meet in-person 6-8pm; Families attend one session each month; schedule tentative and subject to change with prior notice.

In-person Monday Sessions	In-person Wednesday Sessions
Sept. 21	Sept. 23
Oct. 19	Oct. 21
Nov. 16	Nov. 18
Dec. 14	Dec. 16
Jan. 25	Jan. 27
Feb. 22	Feb. 24
Mar. 15	Mar. 17
Apr. 19	Apr. 21

Closing Mass Celebration—May 16, 2027

General Permission Form

I request that my child (ren),_____, be allowed to participate in Family Centered Faith Formation sessions being held at Holy Trinity Parish during the months of September through April.

I hereby release and indemnify my parish, **Holy Trinity,** its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

*_____ _____

Parents'/Guardians' Signatures Date

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren), _____ _____, by the people in charge of the Family Centered Faith Formation Program in the event that I am not in attendance, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

*_____ _____

Parents'/Guardians' Signatures Date

Name & birth date of each child in the program:

_____

_____

Allergic to medication/other? NO YES (circle one)

If yes, name the child and please describe: _____

_____

Medication(s) each child is taking on an ongoing basis:

_____

Do any of your children enrolled in the program have special needs? NO YES (circle one)

If yes, please be sure to explain in the space designated on the front of this form.

Insurance Information

Please be sure to inform us if this information changes during the school year.

Policy in the name of_____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

In case of Emergency, contact:_____

Phone #'s: _____

Videotaping and Still Photographs

Video and still photographs may be taken during the sessions. This authorization form constitutes permission for participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

*_____ _____

Parents'/Guardians' Signatures Date

*** PLEASE NOTE: THERE ARE FOUR PLACES FOR PARENTS' SIGNATURES ON THIS SIDE OF FORM.**