

Holy Trinity Parish
Faith Formation
Registration 2009 - 2010

Parent/Guardian _____ Phone _____

Residential Address _____

Mailing Address _____

Email: _____ Members of Parish? YES NO

Emergency Contact/phone during class time _____

Children to be enrolled in Faith Formation Program

NOTES: If your child was not baptized at Holy Trinity Parish, the church office requires a copy of his/her baptismal certificate to hold on permanent file. Please submit it with this registration. All information is confidential. If your child has special needs, please notify his/her teacher.

FEES: One child: \$30; Two or more children: \$50. Please make checks payable to Holy Trinity Parish. Do you need financial aid? YES NO Full Amount? YES NO

Full Name of Child _____ DOB _____ Grade _____

Sacraments Received: Baptism _____ Date of Baptism _____

Church of Baptism (name & address) _____

First Reconciliation _____ Church _____

First Eucharist _____ Church _____

Medical Conditions or Special Needs _____

Full Name of Child _____ DOB _____ Grade _____

Sacraments Received: Baptism _____ Date of Baptism _____

Church of Baptism (name & address) _____

First Reconciliation _____ Church _____

First Eucharist _____ Church _____

Medical Conditions or Special Needs _____

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First Reconciliation _____ Church _____

First Eucharist _____ Church _____

Medical Conditions or Special Needs _____

Forms can be mailed to:

Holy Trinity Parish
46 Langdon Street
Plymouth, NH 03264

Prek-8th Coordinator- Amy Ulricson - 536-4042
Confirmation Coord - Maureen Ebner - 536-4964