

Dear Parents,

Attached is a copy of the Holy Trinity Religious Education Program registration form. One form per family is necessary.

The fee is \$79.00 per child; for 3 or more children the fee is \$230.00. You may pay when you return the form or the first night of classes.

Each year we publish a list of students in each class with their phone numbers, addresses, and parents' names. The purpose of this listing is:

- † To help families get to know who is in their child's religion class;
- † Help with car pooling;
- † Encourage families to develop friendships with others in the program.

In order to publish this list, we need your permission to publish your name, address and phone number. Please complete the form below and RETURN it with your child's registration form.

If you have any questions, please feel free to call.

Thanks,  
Lucy Reynolds - CCD Coordinator  
829-8662

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\_\_\_\_\_ I give my permission to publish our names, address, phone number, & child's name.

\_\_\_\_\_ I do not give my permission to publish our names, address, phone number, & child's name.

\_\_\_\_\_ You may include my child's name, but not our names, address, or phone number.

Family Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Child/Children's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

## Holy Trinity Religious Education Registration 2018-2019

711 N Main St  
Bloomington IL 61701

Family Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Unlisted? Y N

Registered at Holy Trinity Church? Y N

### Parents

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

### Emergency Information

In the event of an emergency, please contact the following (other than parents):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Authorization for Emergency Medical Treatment

*This information will be kept in the possession of the parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to the proper medical authorities.* I understand that in the case of illness or injury to my child, the school will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility. This authorization for Emergency Medical Treatment is valid for one year, from August 1, 2018 through July 31, 2019.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Turn Over for Student Information

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Language: \_\_\_\_\_

Date Place of Sacrament Address of Church (Baptism only)

Baptism: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Reconciliation: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

First Communion: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Confirmation: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Student Medical and Emergency Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions of the student: \_\_\_\_\_

List any allergies or allergic reactions: \_\_\_\_\_

List any medications the student is presently taking: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Plan no: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Language: \_\_\_\_\_

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Confirmation: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

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