



**Registration Form
Holy Trinity Catholic Church
Religious Education
F.I.R.E. 2017-2018**

Parent(s) Name(s): _____

Address: _____

City/State _____ Zip Code _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

Other responsible party: _____

Relationship: _____

Address: _____

City/State _____ Zip Code _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

Children: _____ Age _____ **Grade** _____

_____ in _____

_____ **2017-18** _____

Sacraments to be received 2017-2018:

Child _____ Sacrament _____

Notes: _____

If you have questions, please contact Jan Reed at 228-1223.