



# Holy Trinity Parish

## Religious Education Program (CCD)

### Registration 2017-2018



**PLEASE PRINT LEGIBLY & PROVIDE ALL INFORMATION REQUESTED**

**List Child(ren) to be Enrolled**

<b>Last Name</b>	<b>First Name</b>	<b>Birth Date</b>	<b>Age</b>	<b>Gr. 2017-18</b>	<b>Class Choice</b>
1. _____	_____	_____	_____	_____	9 AM ___ 11 AM
2. _____	_____	_____	_____	_____	9 AM ___ 11 AM
3. _____	_____	_____	_____	_____	9 AM ___ 11 AM
4. _____	_____	_____	_____	_____	9 AM ___ 11 AM

**NOTE: Kindergarten will only be offered during the 11 AM Session**

**Registration Fee: Number of Children Registering \_\_\_\_\_ X \$60.00 Per Child = Total \$ \_\_\_\_\_**

**Note: PLEASE SUBMIT FEES WITH THIS REGISTRATION FORM. Make checks payable to "Holy Trinity Parish" and place in an envelope marked "CCD Registration"**

**Return registrations by August 18, 2017** to the parish office or place with your Sunday offering.

*Holy Trinity Parish*

*5718 Steubenville Pike*

*McKees Rocks, PA 15136*

*Are you a member of Holy Trinity Parish? \_\_\_\_\_ Yes \_\_\_\_\_ No*

*If not where? Church \_\_\_\_\_ Location \_\_\_\_\_*

<b>Family Info</b>	<b>Last Name</b>	<b>First Name</b>	<b>Maiden Name</b>	<b>Religion</b>
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____
Guardian	_____	_____	_____	_____
Address	_____		City _____	State _____ Zip _____
Phone: Home	_____	Mother	_____	
	Father	_____	Guardian	_____
Email: Family	_____		Mother	_____
	Father	_____	Guardian	_____
Emergency	_____			Relationship to Family _____
Contact	_____	Phone	_____	

<i>Person(s) authorized to pick up child other than parent/guardian</i>	<i>Relationship to Family</i>	<i>Phone</i>
_____	_____	_____

For additional information contact: Deacon Lee [lmiles@holytrinityrobinson.org](mailto:lmiles@holytrinityrobinson.org) 412-787-2140 Ext. 156