# 2026-2027 FAITH FORMATION REGISTRATION

## (PSR – K-8th Grade)

HOLY TRINITY
CATHOLIC CHURCH

**Family Name**_____ *please write legibly*

Address_____

City,State,Zip _____

**Mother's full name** _____ phone #_____

Email_____

**Father's full name**_____ phone#_____

Email_____

**Preferred cell phone for communication**_____

**Preferred email for communication**_____

**Child 1**

Full name_____ nickname_____

Date of birth_____ Grade_____

School attending_____

Sacraments celebrated: Baptism ___ 1st Reconciliation ___ 1st Eucharist ___ Confirmation___

Health/Dietary/Educational needs:_____
_____
_____

**Child 2**

Full name_____ nickname_____

Date of birth _____ Grade_____

School attending_____

Sacraments celebrated: Baptism ___ 1st Reconciliation ___ 1st Eucharist ___ Confirmation____

Health/Dietary/Educational needs:_____
_____
_____

**Child 3**

Full name_____ nickname_____

Date of birth _____Grade_____

School attending_____

Sacraments celebrated: Baptism ___ 1st Reconciliation ___ 1st Eucharist ___ Confirmation____

Health/Dietary/Educational needs:_____
_____
_____

**Child/Children live with:** Mother ____ Father _____Both _____

**Date & place of Baptism for students receiving Sacraments** _____

**IMPORTANT: ***Please provide a copy of their Baptismal Certificate if receiving Sacraments*****

**FEES:** $25 per child

**(OFFICE USE:)** **PAID:** CASH_____ CHECK#_____

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The Diocese of Springfield-Cape Girardeau

Please sign this form ***ONLY*** if you ***DO NOT*** want your child's photograph/video to be used in diocesan/parish/school materials and campaigns as well as other media initiatives; i.e.: newsletter, websites, fund development efforts, newspapers and television.

## 2026-2027 Student Exclusion Form

(Denies news media contact for interviews/photos)

At this time, I ***do not*** want photographs/videos of, _____ to be used without my prior permission. I understand this waiver applies only for the current school year, 2026-2027. I also understand this does not apply to photographs or video images taken at public events.

Signature (Parent / Guardian):

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Date: _____