Holy Trinity Catholic Church

Arroyo Seco, New Mexico

RELIGIOUS EDUCATION REGISTRATION FORM
2026-2027

Family Information			
Are you a parishioner?	Yes _____ No_____		
Father's Name		Religion	
Mother's Name		Religion	
Legal Guardian (if different)			
Father's phone #		Mother's phone#	
Father's email		Mother's email	
Home address			
Child resides with: Both parents_____ Father_____ Mother _____Other _____			

Student Information			
Full Name	**Date of Birth**	**Baptism (Church)**	**Eucharist (Church**

Allergies or Other Medical Conditions (please list any allergies or conditions we should know about)
1.
2.
3.

Emergency Contact Information	
Emergency Contact (Other than parent)	Name:
Phone #	Relationship:

REGISTRATION FEE: -----One (1) Child ~ $40 ---------- 2nd child (or more) $30 each----------

For Office Use Only

Total payment amount:_____ Check #_____ Cash_____

Date Received _____ Received by:_____