



**HOLY TRINITY CATHOLIC CHURCH
MIDDLE SCHOOL REGISTRATION WEBSITE
GRADES 6,7,8**



USE ONE FORM FOR ALL MIDDLE SCHOOL STUDENTS PER FAMILY

Family (LAST) Name: _____

Street Address: _____

City: _____ Zip: _____ Home phone: _____

E-mail address: _____

(Please select one) We (parents) check this daily and prefer to receive updates using by email.
 We (parents) do not use email regularly enough and require postal mailings.

Mother's name: _____ Catholic: _____ Cell Phone _____

Father's name: _____ Catholic: _____ Cell Phone _____

(select one) We are registered at Holy Trinity Our new registration is attached

We attend this Mass: Sat 5pm Sun 9am Sun 11am Sun 2pm

The EDGE curriculum and EDGE Nights are available to parents who are interested in being involved in the religious formation of their teens. I understand it is my responsibility as a parent to be involved in the formation of my child, address questions/concerns directly with the Director of Religious Education or pastor, and encourage my teen to attend and participate in the program, retreats, mass and prayer.

Parent/Guardian Signature: _____

Date: _____

My spouse or I would be willing to assist The EDGE program in the following ways:

- provide snacks for Sunday EDGE Night
- provide dinners for retreats or special teen gatherings
- assist with special projects (i.e.-set up meeting space, etc)
- chaperone/provide transportation for occasional events**

I would like to speak with the pastor about financially supporting the EDGE programs/outreach

Indicate sacraments received:

<i>First / Last Name if different from FAMILY name</i>	M/F	Date of Birth	School	Grade this Fall	Baptized	First Confession	First Eucharist	Confirmation	Rel. Ed. last year?

Does your child have medical problems or learning disabilities we need to know about? If yes, indicate teen's name and situation on the back of this page or call Eva Warner in the parish office— 480-3433, ext. 221

The EDGE Fee is \$30 per year. Make check payable to Holy Trinity Church. No teen is denied religious education because of fees. Contact Eva Warner at the Pastoral Center with concerns.

OFFICE USE ONLY: PD Date: _____ CHECK # _____
 CASH _____