



HOLY TRINITY CATHOLIC CHURCH

LIFE TEEN REGISTRATION

GRADES 9-12

USE ONE FORM FOR ALL HIGH SCHOOL STUDENTS

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 Life Teen curriculum and Life 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 Life Teen director or pastor, and encourage my teen to attend and participate in the program, retreats, mass and prayer.

Parent/Guardian Signature: _____ Date : _____

← **Please make sure both a parent e-mail and parent cell phone number is filled out on the left.**

My spouse or I would be willing to assist the Life Teen program in the following ways:

- provide snacks for Sunday Life Teen
- provide transportation for occasional events

Teen's First Name (<i>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?	T-Shirt Size

Does your child have medical problems or learning disabilities we need to know about? If yes, contact the Life Teen Director in the parish office.

Life Teen Registration Fee is \$40 per year. Make check payable to **Holy Trinity Catholic Church**. No teen is denied **religious formation** because of fees. Please contact the Life Teen Director at the Parish Office with any concerns.