

Registration for 2023/2024 Confirmation Preparation

Holy Trinity Church | 1460 Ridge Road, Webster, NY 14580 | 585-265-4750

RETURN COMPLETED FORM AND PAYMENT TO THE FAITH FORMATION OFFICE

Student Information

Name (first, middle, last) _____

Address _____ Town _____ Zip _____

Date of Birth ____/____/____ Grade in Sept. 2023 _____ School _____

Date of Baptism ____/____/____ Church & City _____

Confirmation Class Choice: _____ Sunday, 6:30 – 8:00 PM **OR** _____ Tuesday, 6:30 – 8:00 PM

During this past 2022/2023 year, were you enrolled in Confirmation Year 1 _____ Faith Formation Grade 7 _____
Catholic School _____ or none of these and would like to learn about our 2023 Summer *Confirmation Initiation Program* _____

Parent Information

Mother's Name _____ Maiden Name _____

Address _____

Cell _____ Email _____

Father's Name _____

Address _____

Cell _____ Email _____

Emergency Contact: _____

First & Last Name

Relationship

Phone

Material Fee: YEAR 1 (Public School students) **\$65 per student**

YEAR 1 (Catholic School students) **\$40 per student**

YEAR 2 (Public School students) **\$40 per student** (if YEAR 1 was paid for and completed at Holy Trinity in 22/23)

YEAR 2 (Catholic School students) **FREE** (if YEAR 1 was paid for and completed at Holy Trinity in 22/23)

Payment is due at time of registration. Cash or checks payable to Holy Trinity Church.

Registration is not complete until payment is received. If you are in financial need, please contact us for assistance.

Special Needs: To best serve the needs of your child, please indicate any physical or learning disabilities, allergies, medications, etc. _____

Media Release: Holy Trinity **has permission** ____ / **does not have permission** ____ to photograph or video my child during Faith Formation events and activities for publication in the parish bulletin, newsletters, live video feed and social media, etc. Full names of minor children will not be used in association with photographs or videos.

For office use only: Ck. No. _____ Ck. Date _____ Ck. Amt. _____