

# Registration for 2024/2025 Faith Formation (Grades K-7)

**Registration for First Sacrament Preparation (Penance and Eucharist) and for Confirmation Preparation (Years 1 and 2) will be done separately.**

## RETURN COMPLETED FORM AND PAYMENT TO:

Holy Trinity Church | Attn: Tricia Kull | 1460 Ridge Road | Webster, NY 14580  
Cash or Check made out to Holy Trinity Church

**Space is limited in our Sunday Program and grades will close once classroom capacity is reached. Family Program will remain open to all new registrants.**

Mother's Name (include maiden name) \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Email \_\_\_\_\_

Home Address of Student(s) \_\_\_\_\_

*Street Address*

*Town*

*Zip*

PLEASE PRINT					CHECK ONLY ONE PROGRAM PER STUDENT	
Name of Student	Date of Birth	<b>BAPTISM</b> Name of Church and Year of Baptism	Grade Entering in Sept. 2024	School Name	<i>Program Options on Website</i>	
					Family Faith Program <i>(Grades K-7)</i>	Sunday Class Program <i>(Grades 1-7)</i>

**Material Fee: \$70 per student; \$175 max per family (same household residence)**

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

<b>Number of children enrolled:</b>	<b>1</b>	<b>2</b>	<b>3+</b>
<b>Total owed at registration:</b>	<b>\$70</b>	<b>\$140</b>	<b>\$175</b>

**Registration is not complete until payment is received.**

***If you are in financial need, please contact us for assistance.***

## **REQUIRED MEDICAL AND MEDIA RELEASE ON REVERSE**

For office use only: Ck. No. \_\_\_\_\_ Ck. Date \_\_\_\_\_ Ck. Amt. \_\_\_\_\_

## **HEALTH HISTORY**

**Please list any medical conditions that might affect your child(ren) participating in this program.**

Does your child(ren) have any allergies or other dietary restrictions?

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Is your child(ren) currently taking any medications (prescription and /or non-prescription)? If so, please list.

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Is there anything else we should know about your child(ren), especially with regards to disability, neurodiversity, and/or necessary accommodations?

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## **EMERGENCY CONTACT and MEDICAL RELEASE INFORMATION**

Emergency Contact (*If parents cannot be reached.*) \_\_\_\_\_

Emergency Contact's Relationship to Child(ren) \_\_\_\_\_

Emergency Contact's Cell Phone Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Primary Care Physician's Phone Number \_\_\_\_\_

### **Release Statement:**

I give permission for my child(ren) to be transported in a privately owned vehicle or emergency transportation for medical emergencies only and for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child(ren). I certify that my child(ren) is in good health and has no limitations other than those I have listed, which may predispose him/her to risk during participation in the program.

Submitting this form confirms that I give permission for my child(ren) to participate in the program. I hereby release the Diocese of Rochester and all its affiliated entities, including its employees, volunteers and parish sponsor from any and liability for any damages suffered as a result of or relating to my child(ren)'s participation in the program. I agree that neither the Diocese of Rochester or the parish sponsor will be responsible for reimbursement of copayments or uninsured medical costs.

**PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

## **MEDIA RELEASE**

**Regarding the use of photographs, slides, audiotapes, and/or videotapes of my children named above:**

**Holy Trinity Church (please check one below):**

\_\_\_\_\_ **HAS permission** to photograph or video my child(ren) during the 2024/25 Faith Formation Program or related activities. Such media may be shared with our parish community through church bulletins, emailed newsletters, live video feed and social media, etc. Full names of minors will not be used in conjunction with photographs or video.

\_\_\_\_\_ **DOES NOT have permission** to photograph or video my child(ren) during the 2024/25 Faith Formation Program except if my child's face is indistinguishable (i.e. turned away from the camera or otherwise unidentifiable).

**PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**