

Family Last Name: _____



ST. ELIZABETH OF THE TRINITY

RELIGIOUS EDUCATION PROGRAM

Family/Student Information Sheet 2023/2024

Please print.

Father _____
Name *Cell Phone Number*

Email Address *Religion*

Mother _____
Name *Maiden Name* *Cell Phone Number*

Email Address *Religion*

Family Address _____
Street *City* *State* *Zip Code* *Home*

Phone Number _____

Is your family registered at St. Elizabeth of the Trinity? ____Yes ____No (If no, please check appropriate line below.)

____Registered Parishioners at _____

____We would like to become members of St. Elizabeth of the Trinity Parish.

Are the parents married? Yes ____ No ____ (Please check all that apply)

____Married in the Catholic Church ____Civil Marriage ____Married in Non Catholic Church

____Divorced ____Separated ____Father remarried ____Mother remarried ____Other _____

Child/Children live with _____

Emergency Information:

If parents cannot be reached, in case of an emergency please call:

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Physician Name: _____ Phone: _____

Continued on

*next
page*

Student Information *Please attach a copy of each child's sacramental certificates.* **Student
No. 1**

Student Name _____ ☐ Male ☐ Female

Birthdate _____ Age _____

Current School _____ Grade in Fall of 2023 _____

Enrolled in a Catholic School or RE Program last year? ☐ Yes ☐ No Name of
School/Parish _____

Baptism _____
Date Church name and address

Communion _____
Date Church name and address

Confirmation _____
Date Church name and address

Student No. 2

Student Name _____ ☐ Male ☐ Female

Birthdate _____ Age _____

Current School _____ Grade in Fall of 2023 _____

Enrolled in a Catholic School or RE Program last year? ☐ Yes ☐ No Name of
School/Parish _____

Baptism _____
Date Church name and address

Communion _____
Date Church name and address

Confirmation _____
Date Church name and address

Student No. 3

Student Name _____ ☐ Male ☐ Female

Birthdate _____ Age _____

Current School _____ Grade in Fall of 2023 _____

Enrolled in a Catholic School or RE Program last year? ☐ Yes ☐ No Name of

School/Parish _____

Baptism _____

Date

Church name and address

Communion _____

Date

Church name and address

Confirmation _____

Date

Church name and address

Please use a second sheet if registering more than three students.

Continued on next page.

PHOTO OPT OUT

The RE program often takes photos in class, or at special events sponsored by the parish. The photos may be uploaded and posted to the parish website at times, or printed in the parish Sunday Bulletin. If you **do not** want photos of your children posted on the website or printed in the Sunday bulletin, we ask that you complete this section.

I **do not** want the children listed below to be posted on the website or printed in the Sunday bulletin.

Student's Name Printed (First and Last)

Student's Name Printed (First and Last)

Student's Name Printed (First and Last)

Help us help your child/children

Briefly describe any concerns you have in regards to your child's/children's faith formation. Also, please share with us any modifications and/or accommodations that are made for your child at their school. While we do not have the resources to provide a completely individualized educational experience, we will provide the most we can to the best of our abilities.

This information will be strictly confidential among the priests, religious ed staff and your child's catechists.

Child's Name(s) _____

Continued on next page. **2023-2024 Tuition and Fees**

Tuition
1st Child=\$250
Early Bird Tuition Discount for 1st child: \$200 if registered by August 31st.

Addition Siblings=\$75 per child

Sacrament Preparation Fees (To be collected separately)
First Holy Communion=\$75
Confirmation=\$100 (paid in second year)

Please use the chart below to calculate tuition. One half of tuition is required at time of registration.

	First Name	Last Name	Grade (Fall)	Tuition Due
1				\$250 \$200 before Aug 31
2				\$75

3				\$75
4				\$75
5				\$75

Total Family Tuition Due

Parent Signature_____Date_____

For Office Use Only

One half of tuition is required at time of registration.

Tuition Due_____

Amount Paid at Registration_____

Balance due by January 31, 2024 _____