

# Most Holy Trinity Parish

2011-2012

## Elementary Religious Education

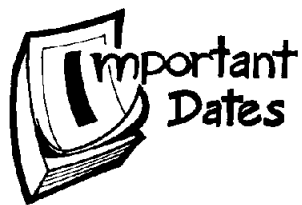
Grades Kinder thru 6<sup>th</sup> Catechism Classes

Sacramental Preparation

(Baptism, First Reconciliation & First Communion)

Grades K thru 12

Please bring a current picture of your child/youth with you at the time of Registration!



Current Families  
Registration  
2011-2012  
Grades K thru 12

Religious Education  
Registration

Sunday, May 15<sup>th</sup>, 2011

8:00am – 3:00pm

Parish Hall

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## Jr. High & High School

Grades 7<sup>th</sup> & 8<sup>th</sup>  
Young Hope

Grades 9<sup>th</sup> thru 12<sup>th</sup>  
Teen Life

Grades 7<sup>th</sup> thru 12<sup>th</sup>  
R.C.I.A Adapted for Teens

Grades 10<sup>th</sup> thru 12<sup>th</sup>  
Teen Confirmation

Grades K thru 12

If your child / youth is preparing for a Sacrament we must have a copy of previous Sacraments received. (Baptism &/or Communion) at the time of Registration!

Please bring completed paperwork with you at the time of Registration!  
Thank You!!!

*Meredith Clack, DRE*  
Director of Religious Education  
[meredith@mhtparish.org](mailto:meredith@mhtparish.org)

*Lupita Parra, Y.M.*  
Youth Minister  
[lupita@mhtparish.org](mailto:lupita@mhtparish.org)

NO one will be turned away due to Financial Hardships. Please contact one of us for more information!

Envelope # \_\_\_\_\_

**Most Holy Trinity Parish 2011-2012  
Youth Ministry and Sacramental Preparation Registration Form**

FAMILY LAST NAME: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

COMPLETE STUDENT NAME			BIRTHDATE	GRADE LEVEL AS OF SEPTEMBER 2011	NAME OF SCHOOL STUDENT ATTENDS	Age as of September 2011	My Teen Needs to be Baptized		My Teen needs to receive Reconciliation & 1 <sup>st</sup> Communion		My Teen Needs to receive Confirmation	
FIRST	MI	LAST	(MO/DATE/YR)	(Circle grade level per student)			Yes	No	Yes	No	Yes	No
1.			/ /	7 8 9 10 11 12			Yes	No	Yes	No	Yes	No
2.			/ /	7 8 9 10 11 12			Yes	No	Yes	No	Yes	No
3.			/ /	7 8 9 10 11 12			Yes	No	Yes	No	Yes	No
4.			/ /	7 8 9 10 11 12			Yes	No	Yes	No	Yes	No
5.			/ /	7 8 9 10 11 12			Yes	No	Yes	No	Yes	No

FIRST NAME OF EACH STUDENT	RELIGIOUS EDUCATION Tuition	SACRAMENTAL FEE = \$40 Includes Day of Reflection		OUT OF PARISH \$150 Per Family	(OFFICE USE)  Class
		RCIA	Confirmation		
1.	\$45				
2.	\$35				
3.	\$25				
4.	\$25				
5.	\$15				
<b>SUB TOTAL:</b>					
<b>TOTAL DUE:</b>					

**Street Address**

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City \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_  
Area Code Home Number

( ) \_\_\_\_\_  
Area Code Alternate Number

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**Name of adult mail should be addressed to:**

Email: \_\_\_\_\_

No refunds after  
August 1, 2011  
\$.25 Service charge  
for returned checks.

We accept  
Visa, MC, American  
Express, & Discover

Office Use Only:

**Paid:** \_\_\_\_\_ **Balance Due:** \_\_\_\_\_  
**Check #:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Credit:** \_\_\_\_\_  
**Payment Plan:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **NO**

Staff Initials: \_\_\_\_\_

Office Use Only:

Baptized \_\_\_\_ Yes \_\_\_\_ No      Picture \_\_\_\_ Yes \_\_\_\_ No  
 First Communion \_\_\_\_ Yes \_\_\_\_ No      Transfer Rec. \_\_\_\_ Yes \_\_\_\_ No  
 Confirmation \_\_\_\_ Yes \_\_\_\_ No

# Most Holy Trinity Parish

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**DIOCESE OF TUCSON**

## **ACTIVITY WAIVER AND RELEASE FORM**

**ACTIVITY:** Most Holy Trinity RE for Elementary & Jr. High & High School

**DATE AND PLACE:** September 1, 2011 – May 31, 2012

I, as a parent or legal guardian, wish for my child \_\_\_\_\_ to

**PRINT PARTICIPATING CHILD'S NAME HERE**

participate in the activity described above, and as a condition of my child being allowed to do so, I hereby release and discharge the Roman Catholic Church Diocese of Tucson and Parish Corporations, its constituent organizations, including but not limited to Most Holy Trinity Parish, the Roman Catholic Church Diocese

of Tucson, and their officers, agents, employees and volunteers from any and all claims for personal injuries or property damage that my child may suffer as a result of my child's participation in the activity described above including transportation to and from such activity, whether or not such injuries or damage are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I hereby warrant and represent that my child is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given to me by a duly licensed medical doctor within the last six months and I know of no change in my child's medical condition since receiving such advice that would affect the opinion of said medical doctor. Should there be a Medical Emergency involving my child, 911 will be called. I agree that any cost or expense related to any emergency will be paid by me, by my insurance company or any benefit plan of mine or child's other parent(s) or legal guardian(s).

I agree that my child will abide by the rules and regulations governing the above described activity and that my child will obey any instructions given by the person or persons having supervision and control over the activity.

I hereby grant permission for my child to be transported by provider listed above.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein and the publication or other use thereof. I and I on behalf of my child, hereby waive any right to compensation therefore or any right that I or my child might otherwise have to limit or control such making or use.

I warrant and represent that I am the parent or legal guardian of the participating child and upon request will produce satisfactory proof of such fact.

By my signature below, I attest that I have read and fully understand this **Parent Request & Activity Waiver and Release** document and agree to all its terms:

Signature of Parent or Legal Guardian \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

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**OVER**

Please note that we have **added a Kindergarten** Class to each day and have **changed our class times** for each day to better accommodate the needs of our RE Families.

## Most Holy Trinity Parish Religious Education Grades K-6 and Sacramental Prep 2011-2012

Choose ONE DAY and Circle per Student

WEDNESDAY  
Grades K - 6  
(Includes Reconciliation & Communion Prep)  
3:45pm – 5:00pm

WEDNESDAY  
Grades K - 6  
(Includes Reconciliation & Communion Prep)  
Special Sacraments for 4<sup>th</sup> – 6<sup>th</sup> gr.  
5:30pm-6:45pm

THURSDAY  
Grades K - 6  
(Includes Reconciliation & Communion Prep)  
Special Sacraments for 4<sup>th</sup> – 6<sup>th</sup> gr.  
5:30pm – 6:45pm

Name of Student

X \_\_\_\_\_

Number of Years of Previous Religious Education: \_\_\_\_\_

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WEDNESDAY  
Grades K - 6  
(Includes Reconciliation & Communion Prep)  
3:45pm – 5:00pm

WEDNESDAY  
Grades K - 6  
(Includes Reconciliation & Communion Prep)  
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Grades K - 6  
(Includes Reconciliation & Communion Prep)  
Special Sacraments for 4<sup>th</sup> – 6<sup>th</sup> gr.  
5:30pm – 6:45pm

Name of Student

X \_\_\_\_\_

Number of Years of Previous Religious Education: \_\_\_\_\_

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WEDNESDAY  
Grades K - 6  
(Includes Reconciliation & Communion Prep)  
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5:30pm – 6:45pm

Name of Student

X \_\_\_\_\_

Number of Years of Previous Religious Education: \_\_\_\_\_

---

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(Includes Reconciliation & Communion Prep)  
Special Sacraments for 4<sup>th</sup> – 6<sup>th</sup> gr.  
5:30pm – 6:45pm

Name of Student

X \_\_\_\_\_

Number of Years of Previous Religious Education: \_\_\_\_\_

(OVER)

# Continued Care Form

_____ <b>(Father or Legal Guardian)</b>	_____ <b>(Mother or Legal Guardian)</b>
Address: _____	
City/ State/ Zip: _____	
Phone (home): _____ (Father or Guardian)	Work: _____
Cell Number: _____	
Phone (home): _____ (Mother or Guardian)	Work: _____
Cell Number: _____	

*Does your child have a physical or behavioral disability? YES \_\_\_\_\_ NO \_\_\_\_\_*  
*If yes, please explain their disability:*

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*In the case of an Emergency the youth in our program may be released only to their parent(s), legal guardian or authorized adult listed below. "In the event of an emergency, I authorize MHT to release my child to the following individual":*

Name of Adult	Relationship to child	Phone Number	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

\* My child(ren) **May Not Be Released** to the Following:

Name of Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

*This consent form will remain effective until: **May 31, 2012***