

Church of the Holy Spirit and Holy Trinity Faith Formation Registration Form

Child Information

Full Name: _____ Grade: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth _____ Place of Birth _____

Does the child have any health problems or existing condition that the director or catechist should know; including food Allergies? _____

If yes, explain: _____

Family Information

Father: _____
Last First M.I.

Address: _____
 If different *Street Address*

City State ZIP Code

Email Cell phone Home phone

Mother: _____
Last First M.I.

Address: _____
 If different *Street Address*

City State ZIP Code

Email Cell phone Home phone

Best way to contact: Email Text Phone FB Messenger Remind App: (we will send code)

For Children Registering for First time ONLY (complete the below section)

Date of Baptism Place of Baptism

****A Copy of Baptismal Certificate must be included with the Registration if your child was not baptized in the Gloversville or Johnstown Parishes.**

Has your child Received the Following Sacraments:

First Reconciliation? Yes No First Communion? Yes No Confirmation? Yes No