HOLY TRINITY
HOMESCHOOL SACRAMENT REGISTRATION FORM

Child's Full Name: ____

Address where the child lives: ____

City: ______________________________________Zip Code:____________

Student's Home Phone #: (_____)____

Parent's/Guardian's Cell #: (______)______________________________________

Student's Cell #: (_____)____

School Grade 2016-2017: _______________ Birth Date: _______/_______/_______

Mother's Name: ____
First Name *Last Name* *Maiden Name*

Father's Name: ____
First Name *Last Name*

Guardian's Name: ____
First Name *Last Name*

Any physical or medical conditions or limitations? _________________________

Alternate phone number(s) in case of emergency:

Contact Name(s) & Phone #(s): _______________________________________

Has he/she been Baptized? **Yes** ____ **No** ____ Church Name: ________________________

Has he/she received 1st Holy Communion? **Yes** ____ **No** ____ Church Name: ______________

Has he/she been Confirmed? **Yes** ____ **No** ____ Church Name: _______________________

If the student is being confirmed, please indicate the Saint Name the student has chosen:

Saint____

Sponsor's name: ____________________________________

1. For 1st Communion and Confirmation we need copy of the Baptism certificate.
2. For Confirmation, we need to know the Saint Name your child has picked.
3. A sponsor eligibility form, signed by sponsor and by the pastor or priest where the sponsor attends Mass.

For Office use only >>

This year, the child will receive the Sacrament(s) of:______________________________

Received copy of Baptism certificate: Yes ____ No ____ Comments: __________________