Holy Trinity Parish

Enrollment/Registration 2022-2023

EDGE® Catholic Middle School Ministry

Child's Name:_____

Date of Birth:_____ Sex (M/F):_____Home Phone #:_____

Address:_____ City:_____ Zip Code:_____

Father's Name:_____ Mother's Name:_____

Child's Primary Residence (Circle): **Mother** **Father** **Both** **Guardian**

Father Work #:_____ Cell #:_____ Mother's work #:_____ Cell #:_____

*** Our main source of communication whether it be a special event or any cancellation we will do it via email ***

E-mail Address (Regularly Viewed):_____

Child's Grade as of Sept. **2022:** _____School child attends:_____

Was your child enrolled in Religious Education last year?_____ Where:_____

Person (s) authorized to sign child out of class (other than parent)

Name:_____ Relationship:_____ Phone Number:_____

Name:_____ Relationship:_____ Phone Number:_____

Name:_____ Relationship:_____ Phone Number:_____

Sacramental Information

Is your child baptized: If, **YES**, mark here ☐ If, **NO**, mark here ☐

Where:_____ Date:_____

Has your child made First Confession: If, **YES**, mark here ☐ If, **NO**, mark here ☐

Where:_____ Date:_____

Has your child made First Communion: If, **YES**, mark here ☐ If, **NO**, mark here ☐

Where:_____ Date:_____

Medical Information

Emergency Treatment/Release Statement: In the event of an emergency, and **I cannot be reached**, I hereby authorize Holy Trinity's Confirmation Program/Church and/or any licensed physician, EMT or other qualified hospital personnel to render medical treatment to my daughter/son _____ which, in their judgment, is necessary in the event of illness or injury. I understand that, in all cases, I will be notified as quickly as possible.

_____

Signature of Parent/Guardian **Date**

****Please list any and all allergies, special medical conditions, special medications, or health problems with which Holy Trinity should be aware of:**

_____

Please list any medications your child takes regularly:_____

Medical Insurance Name and Number:_____

Physician:_____ Phone Number:_____

Local emergency contact:_____ Phone Number_____

Media Usage for Future Advertising

Release for Memorializing *

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of the event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

Media release agreement *

Holy Trinity EDGE program routinely promotes its events and ministry through various media outlets. This includes, but is not limited to social media, brochures, posters, bulletins. The image of participants may be included. In addition, names of minors will never accompany any photos on any publication, website or other media without further consent. Please see release agreement below.

X_____ **X**_____

Signature of Parent/Guardian Date

Tuition Per Family:

Parishioners =	$90.00 for one child $135 for two children $150.00 for three children	Non-Parishioners =	$110.00 for one child $155.00 for two children $170.00 for three children

***** After September 25, 2022, a $10 late fee will be added. *****

FOR OFFICE USE ONLY

Grade:_____ Group:_____ 1st Year Sacrament Preparation:_____

Number of Children:_____ Payment amount:_____ Check Number:_____ Bal. Due: _____

Monthly Payment Option:_____

Office of Youth Ministry and EDGE
Holy Trinity Parish
2022-2023

209 N. Hanford Avenue
San Pedro, CA 90732
310-548-6535, ext. 340
lifeteenym@holytrinitysp.org

Dear Parents:

The EDGE program at Holy Trinity Parish will be presenting a yearly safety educational program entitled, “Touching Safety”, during one class session this catechetical year.

The *Touching Safety Program* was developed by the creators of VIRTUS *Protecting Gods Children*® and is mandatory throughout the Archdiocese of Los Angeles. This is **not** a sex educational program; it is a personal safety education program. The *Touching Safety Program* is part of an ongoing effort to help create and maintain a safe environment for our youth and to project all children from any sort of abuse.

As a parent, you have the right to choose weather or not your child may participate.
Please return this signed consent form with your EDGE registration.

For further information, visit the VIRTUS online website at www.virtus.org

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PLEASE RETURN THIS SIGNED FORM WITH YOUR EDGE REGISTRATON.

My child:_____

May participate: _____ May **not** participate: _____

In the Protecting God’s Children®, “*Touching Safety Program*” offered by the EDGE Program at Holy Trinity in San Pedro.

Parent’s name (printed):_____

Parent’s signature:_____

Date:_____