



## Holy Trinity Parish

Religious Education Office  
209 N. Hanford Ave.  
San Pedro, CA 90731  
(310) 548-6535, etc. 304

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July 3, 2023

Dear Parents,

Happy summer! Thank goodness the sun/weather decided to show us some love. Speaking of love, our Religious Education program is excited about sharing God's love with your child! We are officially accepting registration. Attached you will find the necessary forms. Please mail in or drop off forms to the Parish Center in care of Religious Ed. Wednesday classes will begin on Sept. 13th and Sunday classes on Sept. 17th. A complete schedule will be forwarded at a later date. I look forward to another faith filled year. Any questions, please feel free to contact me at 310-548-6535 ext. 304.

God bless,

Ms. Robles, DRE  
Religious Education Program



**Enrollment/Registration 2023-2024**  
**(A separate form is needed for each**  
**child registered)**  
**(Please Print)**

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Religious Education Office  
209 N. Hanford Ave.  
San Pedro, CA 90732  
(310) 548-6535, ext. 304

Child's Name: \_\_\_\_\_  
Last Name First Name Middle Date of Birth Sex (M/F)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
(Last) (First) (Last) (First)

Mother's Maiden Name: \_\_\_\_\_ Child lives with: (circle one) Mother/Father/Both/Guardian

Mother's Work# \_\_\_\_\_ Father Work# \_\_\_\_\_

Mother cell# \_\_\_\_\_ Father Cell # \_\_\_\_\_

Mother E-mail: \_\_\_\_\_ Father E-mail: \_\_\_\_\_

Child's Grade as of Sept 2023 \_\_\_\_\_ school child attends: \_\_\_\_\_

My child was enrolled in Religious Education last year: Yes \_\_\_ No \_\_\_ Grade \_\_\_\_\_  
Please indicate 1<sup>st</sup> yr prep \_\_\_\_\_ 2<sup>nd</sup> yr prep \_\_\_\_\_

If **NO** please list parish name, city and state: \_\_\_\_\_

**IMPORTANT:** All children **MUST** provide a copy of the child's Baptismal Certificate to the Religious Education Office before they can begin preparation for the sacraments of Reconciliation and First Communion.

**SACRAMENTAL INFORMATION:**

Is the child baptized Catholic? Yes \_\_\_ No \_\_\_ Church/City/State? \_\_\_\_\_ Date: \_\_\_\_\_

Is your child baptized in another Faith Tradition? Yes \_\_\_ No \_\_\_ Faith Tradition? \_\_\_\_\_ Date: \_\_\_\_\_

Church/City/State \_\_\_\_\_

Has your child received Sacrament of Reconciliation? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_ Date \_\_\_\_\_

Has your child received Sacrament of First Communion? Yes \_\_\_ No \_\_\_ Where? \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship of Child \_\_\_\_\_

(Please see reverse side for fee schedule and attach payment to this form)

**DAYS AND TIMES OF RELIGIOUS EDUCATION CLASSES** (Please check one)

_____	Sunday	Preschool (3 - 5 years old)	10:00 - 11:15 a.m.
_____	Sunday	Elementary (Grades 1 - 5)	10:00 - 11:15 a.m.
_____	Sunday	RCIA-Children (Grades 4 - 8) (older Not Baptized or 1 <sup>st</sup> Comm)	10:00 - 11:15 a.m.
_____	Wednesday	Elementary (Grades 1 - 2)	4:00 pm - 5:15 p.m.

**TUITION PER FAMILY**

**IN- PARISH**

\$90.00 for one child  
\$120.00 for two children  
\$145.00 for three+ children

**OUT OF PARISH**

\$100.00 for one child  
\$150.00 for two children  
\$180.00 for three+ children

**(Please make checks payable to HOLY TRINITY)**

For tuition payment plan or tuition assistance, please contact the Religious Education Office

**We welcome you to registered as a Parishioner, please registered at the Parish Office,**

**FOR OFFICE USE ONLY**

GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

**Payment information**

# of children \_\_\_\_\_ Payment amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash(    )

Tuition Split: Elementary \_\_\_\_\_ Edge (Jr. High) \_\_\_\_\_ Confirmation: \$ \_\_\_\_\_  
RCIA-Teen \$ \_\_\_\_\_

Balance due \_\_\_\_\_

Tuition Assistance/Payment Plan: \_\_\_\_\_ Date: \_\_\_\_\_

**HOLY TRINITY**  
**RELIGIOUS EDUCATION - EMERGENCY CARD**

**2023-2024**

**(Please PRINT all information – one sheet per family)**

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

Child # 1: \_\_\_\_\_ Child #2: \_\_\_\_\_  
First Nickname First Nickname

Child # 3: \_\_\_\_\_ Child #4: \_\_\_\_\_  
First Nickname First Nickname

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
(Last) (First) (Last) (First)

Father's Cell #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

**Person(s) Authorized to sign child out of class other than parent:**

Name	Relationship	Phone #
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Name	Relationship	Phone #
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**MEDICAL INFORMATION**

If there are any special needs for your child(ren) due to physical or emotional difficulties please note:

Child: \_\_\_\_\_  
(Name) (Special need)

Child: \_\_\_\_\_  
(Name) (Special need)

Child(ren)'s allergic reactions to any medications/foods: Yes/No If yes, please list: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Authorization**

In case of an emergency, I acknowledge and authorize that my child may be transported to a medical facility and emergency medical care be rendered as deemed necessary.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_



## PARENT PARTICIPATION AGREEMENT (Please read all and sign below)

As parents/guardians of child named in this application for admission for Religious Education, we recognize our obligation as Christian parents or guardians and:

1. Fulfill the promise/obligation we made as Christian parents at the Baptism of our child to attend Holy Mass on Saturdays/Sundays as often as possible.
2. Agree that acceptance to RE Program is based on availability and on completeness of this form and all requirements.
3. Ensure our child's regular attendance of RE classes. We understand that absences from RE classes are not to exceed 5, however, if my child is preparing for a sacrament the maximum is three.
4. Fulfill our Christian obligation to help and teach your child to memorize the Basic Prayers of our faith: Sign of the Cross, The Our Father, Hail Mary, Glory Be, and Act of Contrition.
5. Agree to attend MANDATORY PARENT MEETINGS pertaining to our child's faith formation and sacramental preparation including retreats and rehearsals.
6. Accept that failure to meet these obligations/requirements could result in the postponement of our child's reception of the sacraments and/or promotion to the next grade level of their religious studies.
7. Agree that Sacramental Preparation requires minimum of 2 (two) consecutive school years of formation.
8. Agree to notify the RE office of any changes in our contact information.
9. Aware that communication from RE will be done through email.

I/we acknowledge that I/we have read and understand the requirements necessary to maintain my child/ren's continued participation in the Religious Education program.

Child's name \_\_\_\_\_

X \_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
MOTHER'S SIGNATURE DATE