Blessed Trinity Parish 2025/2026 Religious Education Registration Grades K-12

Questions: E-mail Virginia Christi Religioused@blessedtrinitygreenfield.org or Call 413-773-3311 EXT. 10

	Last Name	First Name	Middle Name		Mark tl	Mark the Sacraments your child has received		
STUDENT INFORMATION				Grade ir ne Fall 2029		First Confession	First Communion	Disability/ severe allergy
Student #1								
Student #2								
Student #3								
Student #4								
PARENT INFORMATION	Last Name	First Name	Middle Nar	ne Pi	none#	T	E-Mail Addres	s:
Father								
Mother								
Guardian(s)								
FAMILY INFORMA	TION							
Street Address			City	State	Tip Preferred Cont		ontact Phone#	
Registration Fee: Checks Payable to	: BLESSE	ed \$50 per family D TRINITY PAR	<mark>ISH</mark>					
	<u>Religio</u>	<mark>us Education, 1</mark>	<u> 4 Beacon St.,</u>	<u>Greenfield</u>	MA 01301			
<u>MEDIA RELEASE</u> :		ssed Trinity Par ve Blessed Trinity	_	_				
	5	Signed	<u> </u>	1		. ,		