



# HOLY TRINITY

CATHOLIC CHURCH

## 2022-2023 PRS Registration Form

**REGISTER EARLY - NO REGISTRATION FEE**

*Name of person completing form*

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MONTH / DAY / YEAR

*Spouse if applicable*

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MONTH / DAY / YEAR

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### **CHILDREN:**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MONTH / DAY / YEAR

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MONTH / DAY / YEAR

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**CHILDREN:**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MONTH / DAY / YEAR

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MONTH / DAY / YEAR

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**CHILDREN:**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MONTH / DAY / YEAR

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MONTH / DAY / YEAR

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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List anything special we need to know about your child, such as custody rights, health, behavior, etc.

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**Thank you for taking the time to fill out the information. The form can be placed in the offertory basket, dropped off at the Parish Office, or mailed.**