



HOLY TRINITY

CATHOLIC CHURCH

2023-2024 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: _____

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

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.