

**Most Blessed Trinity Parish
Faith Formation/PREP
Registration Form**

Date _____

Name of Child _____ M or F _____

Date of Birth _____

Address _____

Email Address _____

Phone # (Cell) _____

Phone # (Home) _____

Parent's Name _____

Person to be contacted in case of emergency (if parents can't be reached)

Phone # _____ Relationship to child _____

Any additional changes to your child's health or other learning information. Please include allergies _____

Grade as of September _____ School District _____

Dates of Sacraments:

Baptism _____ Church _____

First Holy Communion _____ Church _____

First Reconciliation _____ Church _____

Confirmation _____ Church _____

(If any SACRAMENT was performed at a different church other than Most Blessed Trinity, please submit a copy of the certificate by September 1, 2026)