Registration for 2026/2027 Faith Formation (Grades K-7)

Registration for First Sacrament Preparation (Penance and Eucharist) and for Confirmation Preparation (Years 1 and 2) will be done separately.

RETURN COMPLETED FORM AND PAYMENT TO:

Holy Trinity Church | Attn: Faith Formation | 1460 Ridge Road | Webster, NY 14580
Check made out to Holy Trinity Church

Space is limited in our Sunday Program and grades will close once classroom capacity is reached. Family Program will remain open to all new registrants.

Please note that Grades 6 & 7 have moved back to Sunday Morning between Masses 9:30-10:20am

Mother's Name (include maiden name) _____

Mother's Cell # _____ **Email** _____

Father's Name _____

Father's Cell # _____ **Email** _____

Home Address of Student(s) _____
Street Address *Town* *Zip*

PLEASE PRINT					CHECK ONLY ONE PROGRAM PER STUDENT *Program Options on Website*	
Name of Student	Date of Birth	BAPTISM Name of Church and Year of Baptism	Grade Entering in Sept. 2026	School Name	Family Faith Program *(Grades K-7)*	Sunday Class Program *(Grades 1-7)*

Material Fee: **$70 per student; $175 max per family (same household residence)**
Payment due at time of registration. Checks payable to *Holy Trinity Church.*

Number of children enrolled:	**1**	**2**	**3+**
Total owed at registration:	**$70**	**$140**	**$175**

Registration is not complete until payment is received.
If you are in financial need, please contact us for assistance.

REQUIRED MEDICAL AND MEDIA RELEASE ON REVERSE

For office use only: Ck. No. _____ Ck. Date _____ Ck. Amt. _____

HEALTH HISTORY

Please list any medical conditions that might affect your child(ren) participating in this program.

Does your child(ren) have any allergies or other dietary restrictions?

_____

_____

_____

Is your child(ren) currently taking any medications (prescription and /or non-prescription)? If so, please list.

_____

_____

_____

Is there anything else we should know about your child(ren), especially with regards to disability, neurodiversity, and/or necessary accommodations?

_____

_____

_____

EMERGENCY CONTACT and MEDICAL RELEASE INFORMATION

Emergency Contact (*If parents cannot be reached*.) _____

Emergency Contact's Relationship to Child(ren) _____

Emergency Contact's Cell Phone Number _____

Primary Care Physician _____

Primary Care Physician's Phone Number _____

Release Statement:

I give permission for my child(ren) to be transported in a privately owned vehicle or emergency transportation for medical emergencies only and for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child(ren). I certify that my child(ren) is in good health and has no limitations other than those I have listed, which may predispose him/her to risk during participation in the program.

Submitting this form confirms that I give permission for my child(ren) to participate in the program. I hereby release the Diocese of Rochester and all its affiliated entities, including its employees, volunteers, and parish sponsor from any and liability for any damages suffered as a result of or relating to my child(ren)'s participation in the program. I agree that neither the Diocese of Rochester or the parish sponsor will be responsible for reimbursement of copayments or uninsured medical costs.

PARENT SIGNATURE _____ **DATE** _____

MEDIA RELEASE

Regarding the use of photographs, slides, audiotapes, and/or videotapes of my children named above:

Holy Trinity Church (*please check one below*):

_____ **HAS permission** to photograph or video my child(ren) during the 2026/27 Faith Formation Program or related activities. Such media may be shared with our parish community through church bulletins, emailed newsletters, live video feed and social media, etc. Full names of minors will not be used in conjunction with photographs or video.

_____ **DOES NOT have permission** to photograph or video my child(ren) during the 2026/27 Faith Formation Program except if my child's face is indistinguishable (i.e. turned away from the camera or otherwise unidentifiable).

PARENT SIGNATURE _____ **DATE** _____