



MOST HOLY TRINITY PARISH

212 Route 390 • Cresco, PA 18326

P: 570-595-3100 Fax: 570-595-3200

www.mht-poconos.org • office@mht-poconos.org

Faith Formation Student Registration Form 2024-2025 (please print clearly and return to the Parish Office)

Parent / Guardian

Additional Adult

Title: Mr./Mrs./Ms.

Title: Mr./Mrs./Ms.

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Mother's Maiden Name: _____

Home #: _____

Home # _____

Cell #: _____

Cell #: _____

Other #: _____

Other #: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Send email when possible. Yes__ No __

Email Address 1: _____

Email Address 2: _____

Emergency Contact Information:

Name: _____ Relationship to Child: _____

Contact Phone Number: _____

Please complete all pages of this form.

Please note, there will be no registration or Sacramental preparation fees.

Please note the following when registering your child for Religious Education classes.

1. If your child is preparing for any sacrament, then a copy of his/her Baptismal Certificate is required. If your child was baptized at Most Holy Trinity Parish, St. Ann's, St. Bernadette's or St. Mary's churches please inform us of the church and the month, day and year.
2. All families must be registered in the Parish before registering for Religious Education classes. This can be done by calling 570-595-3100 or visiting the Parish Office.
3. If there is any reality that would be helpful to us regarding the safety and well-being of your child(ren) then please let us know. All shared information is kept confidential.
4. Join us on our Facebook page for any important notices or information on events or closings.

For Office use only:

Date Registered _____

Students Information
(please print clearly)

First Child

Last Name: _____

First Name: _____

Middle Name: _____

Gender: _____

Birthdate: _____

Grade: _____

Allergies and Medical Concerns:

Second Child

Last Name: _____

First Name: _____

Middle Name: _____

Gender: _____

Birthdate: _____

Grade: _____

Allergies and Medical Concerns:

Baptism Certificate Required

Date: _____

Church Name: _____

Location: _____

Baptism Certificate Required

Date: _____

Church Name: _____

Location: _____

First Communion:

Date: _____

Church Name: _____

Location: _____

First Communion:

Date: _____

Church Name: _____

Location: _____

Confirmation:

Date: _____

Church Name: _____

Location: _____

Confirmation:

Date: _____

Church Name: _____

Location: _____

Third Child

Last Name: _____

First Name: _____

Middle Name: _____

Gender: _____

Birthdate: _____

Grade: _____

Allergies and Medical Concerns:

Fourth Child

Last Name: _____

First Name: _____

Middle Name: _____

Gender: _____

Birthdate: _____

Grade: _____

Allergies and Medical Concerns:

Baptism Certificate Required

Date: _____

Church Name: _____

Location: _____

Baptism Certificate Required

Date: _____

Church Name: _____

Location: _____

First Communion:

Date: _____

Church Name: _____

Location: _____

First Communion:

Date: _____

Church Name: _____

Location: _____

Confirmation:

Date: _____

Church Name: _____

Location: _____

Confirmation:

Date: _____

Church Name: _____

Location: _____