

Home Study Registration Form 2021/2022

Office use only - Date
Received

Family Info:

Dad's Name: _____ Phone (w) _____ (c) _____

Address (and Zip) _____ Phone (H): _____

Mom's Name: _____ Phone (w) _____ (c) _____

Address (if different) _____

Dad's e-mail _____ Mom's e-mail _____

++++ **Please circle preferred e-mail address and phone number for contact and texting**

Share any information that would be helpful for us to know on the back of this form. Thanks!!

Child info:

Child's Name
(first & last) _____ Birth date _____ **M or F** Grade (Fall 21) _____

School _____

Sacrament prep **this year:** **BAP RECONCILIATION EUCHARIST** (please circle)

Child info:

Child's Name
(first & last) _____ Birth date _____ **M or F** Grade (Fall 21) _____

School _____

Sacrament prep **this year:** **BAP RECONCILIATION EUCHARIST** (please circle)

Child info:

Child's Name
(first & last) _____ Birth date _____ **M or F** Grade (Fall 21) _____

School _____

Sacrament prep **this year:** **BAP RECONCILIATION EUCHARIST** (please circle)

Fees

For one child \$50.00
For two children \$65.00
For three or more children \$80.00

Please let us know if this is a financial hardship; no one is turned away because of inability to pay.

OFFICE USE ONLY

Date _____ Check # _____ Amount _____ Cash _____

Family Profile-for ALL families to consider

The following information will be treated as confidential.

Is there anything that would be helpful to know about your child or your family (illness/death in the family, single parent, different religious beliefs, areas of difficulty for the child such as trouble reading, areas of self-consciousness, allergies, etc)? If the information is about a specific child please specify which child has the need.

_____ I would rather speak to someone in person. Please call me at _____

If your child has any special needs such as physical impairments, cognitive impairments, ADD, ADHD, learning disabilities, vision impairments, hearing impairments, medical or behavioral conditions, we would like to contact you to get more information about how we can best serve your child.

The best time to reach me _____ (name) is ____: ____ am/pm at _____
(number) regarding _____ (name of child).

Gifts and Ministry: All members of Holy Trinity Parish are blessed with their own unique gifts. Below are specific areas in which we need your help; place your initials next to the ministries you are interested in learning more about or that you would like to volunteer. For other parish opportunities, reach out to Sheri Resa, sresa@htlenexa.org

- _____ Baptism preparation team (1-2 hr. training, lead a class once a month or as often as you like)
- _____ RCIA for families with children (once a month help families with children explore the Catholic faith)
- _____ Reaching out to families through digital means - help in the office a few hours a week
- _____ Confirmation retreat (once a year in January) - help with set up, organizing supplies, etc.
- _____ First communion retreat (one Friday evening in May - 2 or 3 hours)
- _____ Atrium help: cutting materials, woodworking, sewing, and other.

THANK YOU for supporting
our parish community!

Release Form

This form must be completed entirely and returned to Holy Trinity before your child's registration can be processed.

Family last name _____
Name(s) of child(ren)

Photo Release

Holy Trinity does not include photos of children, catechists, sessions or activities in parish publications or on the Holy Trinity website unless we have written releases from all involved. It is our policy that the full names of children will **never** be used. In general the first name of a child will not be used unless we have a specific reason. Using their name will always be discussed with the child's parents beforehand. No last names, addresses and/or telephone numbers will ever be used.

_____ We/I hereby **give** permission for Holy Trinity to use first names and photos of my child/children in Parish publications, in the bulletin, on the Holy Trinity Church website and other electronic forms of communication.

_____ We/I hereby **do not** give permission for Holy Trinity to use first names and photos of my child/children in Parish publications, in the bulletin, on the Holy Trinity Church website and other electronic forms of communication.

_____ Date _____
Parent/Guardian Signature

Touching Safety Program

Our diocese takes very seriously the responsibility of providing safe environments for our children.

As Church, we strive with families, friends and societal institutions, to secure a healthy environment designed to nurture our young people and to assist them in developing to their fullest potential as people of faith and as productive citizens. 1.1 Child Protection Policy, Archdiocese of KC in KS.

This is best achieved by awareness and participation of all concerned, both children and adults. The Archdiocese of Kansas City in Kansas requires all adults working with children attend a VIRTUS workshop – to help individuals become more aware of ways to prevent sexual abuse of our children. Through the Protecting God's Children program, parents and adults have access to awareness sessions, videos, resources and online training bulletins. **Catholic schools and religious education programs are also required to share age-appropriate information with children – to reinforce how wonderfully we've been created and to empower them with the tools needed for their safety. Each year one of our sessions covers this important topic.** We hope all these endeavors will be fruitful in keeping our children safe.

As parents, you are the first line of defense for your child's safety. We honor your role and desire to be supportive of you as family. If you are interested in greater details or want further information regarding our archdiocesan policy and the material presented, feel free to visit the archdiocesan website at www.archkck.org (follow the link for "VIRTUS Protecting God's Children"). You may also contact Kathleen Willis at 895-0607.

As a parent you have the right to withdraw your child from this presentation. If you decide you DO NOT want your child to participate, please sign below.

_____ Holy Trinity parish **does** have my permission to discuss Touching Safety with my child(ren).

_____ Holy Trinity parish **does not** have my permission to discuss Touching Safety with my child(ren).

Parent's signature _____ Date _____