

TEEN RCIA

Date: _____

Enrollment/Registration 2021-2022 We need a separate form for each Teen registering

Holy Trinity Parish
209 N. Hanford Ave., San Pedro, CA 90732
Dr. Joy Jones (310) 548-6535, Ext. 317

Teen's Name: _____
Name (PRINT) First Name Middle Date of Birth Sex

Address: _____ City: _____ Zip Code _____

Father's Name: _____ Mother's Maiden Name: _____

(Work) Phone # _____ Home: _____ (Work) Phone #: _____ Home _____

Cell Phone: _____ Cell Phone: _____

E-mail address _____ E-mail address _____

Sacraments received? YES _____ NO _____ Sacraments received? YES _____ NO _____

Parents married in the Catholic Church? YES _____ NO _____

Teens email: _____ Teen's Cell Phone: _____

IMPORTANT: must provide a copy of the child's Baptismal Certificate

SACRAMENTAL INFORMATION:

Is the teen baptized? _____ Where? _____ When? _____

Has the teen made First Confession? _____ Where? _____ When? _____

Has the teen made First Communion? _____ Where? _____ When? _____

SPONSORS NAME 1. _____

HIGH SCHOOL NAME _____ GRADE (in September) _____

Are you a registered Parishioner - **MUST USE PARISH ENVELOPES or E-GIVING** ? Yes _____ No. _____

TUITION PER FAMILY

_____ 1ST Year Class begins with Mass at 5:30 p.m.
and continues until 7:30 p.m.

_____ 2ND Year Class time begins at 3:45 p.m.
5:30 p.m. Mass is a requirement after class.

IN-PARISH REG.

\$80 (one child)
\$100 (two children)
\$120 (three or more)

OUT OF PARISH

\$90 (one child)
\$110 (two children)
\$130 (three or more)

Both sides must be completed

Person(s) authorized to sign Teen out of class (other than parent).

Name: _____ Phone _____ Relationship: _____

Name: _____ Phone _____ Relationship: _____

Name: _____ Phone _____ Relationship: _____

Medical Information

If there are any special needs for your teen due to physical or emotional difficulties please list: _____

Please list any medications your teen takes regularly: _____

Is your teen allergic to any medications: _____

Medical Insurance: _____

Physician: _____ **Phone:** _____

Emergency Contact (Local) Name: _____ **Phone:** _____

Authorization

I hereby certify that all information provided in this application is correct and if any information in this application changes the office will be notified. In case of an emergency, I authorize that my teen and this record be transported to a medical facility, and that emergency medical care be rendered as deemed necessary.

Parent Signature

Date

At certain times of the year TEEN RCIA classes will be showing "R" rated movies with religious context such as "The Passion of the Christ" and also will discuss catholic moral issues that include sexual morality. I give permission to my teen to participate in these classes. Photo's for identification and display in church and the bulletin will be taking.

Parent Signature

Date

FOR OFFICE USE ONLY

Payment information Hardship []

Payment Amount _____ Check No. _____ Cash [] Bal Due _____
