

**Parents: You do not need to fill out this form each year unless something has changed (phone, address, allergies).**

**ONE PER CHILD** Please Print Clearly

**Holy Trinity Church - Falls City - CCD Registration Form:2025-26**

**CHILD:** Baptismal Name \_\_\_\_\_

Grade: \_\_\_\_\_

**PARENTS:**

Father \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Mother (maiden name) \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Student Cell # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

PHYSICAL ADDRESS (if different from Mailing address): \_\_\_\_\_

City/St/Zip \_\_\_\_\_

**Known Allergies / medical conditions:** \_\_\_\_\_

**ALL NEW STUDENTS TO CCD:**

**IF YOU WERE NOT BAPTIZED AT HOLY TRINITY WE NEED A COPY OF YOUR BAPTISMAL CERTIFICATE.**

**PLEASE WRITE FC IN THE SPACE BELOW IF YOU WERE BAPTIZED IN FALLS CITY. THANK YOU!**

**Date of Baptism:** \_\_\_\_\_

**Church / City / State of Baptism:** \_\_\_\_\_

**Date of First Holy Communion:** \_\_\_\_\_

**Church / City / State of First Holy Communion:** \_\_\_\_\_

**\* We welcome ALL youth: (Kinder-12<sup>th</sup>) Non-Catholic / Catholic & any students that have not received any of the sacraments. All are welcome!!!**

If you have any questions, please call **Karissa Jarzombek** at

**830-534-8299** or email **karissaj@yahoo.com**

Please email me this form or text me a picture of it. **Due September 1, 2025**

**THANK YOU FOR YOUR CONTINUOUS SUPPORT!!!!**