Faith Formation Registration 2022-2023

2926 Beaver Ave · Des Moines, IA 50310 · 515-255-3162 · Fax 515-255-1381 www.holytrinitydm.org

PLEASE PRINT CLEARLY

FAMILY NAME_____

Parent/Guardian Name _____ **Parent/Guardian Name** _____

Address _____**City** _____ **State** _____ **Zip** _____

Primary Email _____ **Primary Phone** _____

Parishioner? ☐ **Yes** ☐**No** If no, what is your parish? _____

STUDENT(S) (First and Last Names)	**Gender** M or F	**Grade** 1-12	**Session** Day & Time	**Enrolled in Dowling?** Yes/No	**School Code** (see back of last page)

AVAILABLE SESSIONS

<u>Faith Formation</u> Grades 1-5 · Wednesday 6:30 p.m.
<u>Edge</u> (Grades 6-8) · Wednesday 6:30 p.m.
<u>Confirmation</u> (Entering Grade 9) · Wednesday 6:30 p.m.

SACRAMENT PREPARATION NEEDED Please use space below if your child will celebrate one of these sacraments this year.

STUDENT(S) (First and Last Names)	**Gender** M or F	**Grade** (if applicable)	**Baptism**	**First Eucharist** (2nd Grade +)	**Reconciliation** (2nd Grade +)	**Confirmation** (entering 9th Grade)

SPECIAL INFORMATION: Hearing, sight, speech, allergies, behavioral, or other special circumstances we should know about your child
_____
_____
_____

PLEASE TURN PAGE OVER to complete the registration process.

UNLESS you notify the parish in writing
Holy Trinity assumes permission to use your child's photograph (without name identification) for print and Electronic communications and publicity

FOR MORE INFORMATION, please contact John Mertes, director of Faith Formation, *johnm@holytrinitydm.org*

ENROLLMENT AND FEES*

***Fees provide for only a percentage of the actual costs of our Faith Formation ministry. The balance of the costs are paid for through the annual giving of all Holy Trinity parishioners. We ask families who are not parishioners to pay a supplemental fee for Faith Formation for this reason.**

The maximum amount of Faith Formation program fees charged per family per year is $300 (retreat & material fees are additional).

	# ENROLLED	NON-PARISHIONER FEE: ADD $25.00 PER CHILD	AMOUNT DUE
ELEMENTARY FAITH FORMATION (GRADES 1-5)			
One Child ($125)/Two Children ($225)/Three + ($300)			
EDGE (GRADES 6-8)			
One Child ($125)/Two Children ($225)/Three + ($300)			
CONFIRMATION (GRADES 9 +)			
One Child ($125)/Two Children ($225)/Three + ($300)			
The maximum amount of Faith Formation fees charged per family for a program year is $300 (retreat and material fees are additional)		SUB-TOTAL:	
REQUIRED RETREATS (ADDITIONAL FEES)			
Confirmation Retreat (Grade 9): $40 per child			
Blessing Cup—First Eucharist $25 per child			
First Eucharist and First Reconciliation Materials Fee: $25 per child			
		TOTAL:	

FOR OFFICE USE ONLY	
TOTAL AMOUNT PAID	
CASH	
CHECK #	
BALANCE DUE:	

Please make checks payable to Holy Trinity Catholic Church

For office use only	DATE:
	INITIALS:

FINANCIAL ASSISTANCE REQUEST

Holy Trinity offers faith formation for all ages and does not turn any family away for financial reasons. We do expect participating families to help support our Faith Formation Ministry through payment of fees for their enrolled children or in-kind service to the parish if financial assistance is needed. Financial assistance in the forms of payment plans and in-kind service opportunities are available for families who are not able to pay the total fee at the time of registration due to family financial limitations or difficulties.

In-kind service is valued at $10 per hour of service to Faith Formation Ministry and will be overseen by one of the Faith Formation Pastoral Associates at Holy Trinity. Assistance must be approved by faith formation staff member.

Please indicate how you will pay for your child(ren)'s participation in Faith Formation if you need financial assistance:

Monthly payment plan of $_____ per month, beginning October 1, 2022; total paid in full May 1, 2023.

Quarterly payment plan of $_____ on August/November 1, 2022 and February 1/May 1 2023.

Deposit of $ _____ paid at time of registration; balance paid in _____ hours of in-kind service to be completed by May 1, 2023.

Total amount of $_____ paid through _____ hours of in-kind service completed by May 1, 2023.

Other (please describe how you will pay): _____

_____

Staff approval: _____ Date: _____

SIGNED: _____ DATE: _____