



Household Registration Form

Today's Date _____

Household Name _____

Mailing Title _____

Mother _____

Father _____

Maiden Name _____

Parish _____

Parish _____

Mailing Address _____

Mailing Address _____

Email Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Home _____ Cell Phone _____

Work Phone _____

Work Phone _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

Family Directory Publication:

Share Home Address Yes _____ No _____
Share Email Addresses Yes _____ No _____
Share Telephone Numbers Yes _____ No _____

Share Home Address Yes _____ No _____
Share Email Addresses Yes _____ No _____
Share Telephone Numbers Yes _____ No _____

Who is primary contact Mom _____

Dad _____

Who is primary billing contact Mom _____

Dad _____

Please submit copies of any custody/court order papers

Emergency Contacts other than parents

Name	Home #	Cell #	Work #
_____	_____	_____	_____
_____	_____	_____	_____

Family Phone Number to be used for School Telephone Blasts _____

Family Email Address to be used for School Email Blasts _____

Tuition Payment Method *Please select one option*

In full by August _____
Automatic Monthly Debits * _____

*Register for automatic monthly debit payments at www.capeTrinityCatholic.org and click on the **FACTS** tab.