

St. Gregory the Great Religious Education Department Re-Registration Form 2020-2021

Student Name:													
School:			Grade (2020 –2021)										
Parent's e-mail address:			C										
PLEASE INDICATE WHICH SESSION YOUR CHILD WILL ATTEND													
			Monda	ay									
	SESSION I	- 5:00 PM TO 6:30 F	PM (only student	s preparing for Fir	rst Holy Co	mmunion)							
Grad	de 1	Grade 2	Grade 3	Grade	e 4	Grade	5						
First year of prepara	tion for Firs	t Communior	ı: Se	cond year of	f prepara	ation for F	irst Communion:						
SESSION II - 6:00 PM TO 7:30 PM													
Grade 3	Grade 4	l Grade	e 5 (Grade 6	Grade	e 7	Grade 8						
Fi	rst year of p	oreparation fo	r Confirmat	ion (7th or 8	8th Grad	de only):							
	Second yea	ar of preparation	on for Confi	rmation (8tl	h Grade	only):							
SE	SSION III - 7:00 I	PM TO 8:30 PM (onl	y students prepa	ring for First Holy	/ Communic	on or Confirma	ation)						
		6-8 Grade	High	School (HS)									

Second year of preparation for **First Communion**:

Second year of preparation for **Confirmation (HS only)**:

First year of preparation for First Communion:

First year of preparation for Confirmation (HS only):

Thursday

	SESSION I - 6:00	PM TO 7:30 PM (only	students preparing fo	or First Holy Com	nmunion)				
Grade 1		de 2 Gra	de 3 Grade 4		Grade 5				
First year of prepara	ation for First Co r	mmunion:	Second yea	Second year of preparation for First Communion:					
		SESSION II -	- 7:00 PM TO 8:30 PM	1					
Grade 3	Grade 4	Grade 5	Grade 6	Grade	7	Grade 8			
F	irst year of prepa	aration for Conf	irmation (7th	or 8th Grad	e only):				
	Second year of p	preparation for	Confirmation ((8th Grade o	only):				
	Stı	udent Health E	mergency Info	rmation					
	EMERGENCY CONTAC	T: (Please write other t	:han parent/guardian	names as Emerge	ency Contact)				
	Cell: (Home:	(
	Cell: (Home:	(
cate Special Health Cor	ncerns:								
sician:			Phone	e: (
oital of choice:			Phone	e: (
ress:									
deemed necessary in their juder r transportation for said student	ther designee to render sperson listed on this form mentfor the health of the state	such treatment as may n cannot be contacted, ne aforesaid student. I	be deemed necessary the Religious Education will not hold St. Gregory gree to abide I	y in an emergency ion Department of ory the Great Chu by the rules	y, for the hea officials are he rch financially a and regu	Ith of said student. Preby authorized to take whatever Presponsible for the emergency card			
	St. Grego	ory the Great K	engious Luuca	don'i rogra					
			Date	e: /	/				
	Parent/Guard	dian signature:	Date	/	/				
Tuition and	d Fees (per year)	:		Fo	r office u	ise only			
e Child:		\$14	0 Number o	of Children E	nrolled: \$				
Children:		\$16	5 Tuition:		\$				
ee or More Children:_		\$20		ament Fees:	\$				
firmation Fee:		\$35 (\$25-Spirit Days and \$10-Rob	Total:		\$				
e Fee*:		\$15	Amount P						
e Fee*:		\$15		luo:					

Amount due: Check#:

Cash: (Receipt #): CC#: