



St. Gregory Institute

for Sacramental Formation

Student Registration Form 2021

Name: _____ Male _____ Female _____

Birth date: ____/____/____ Age: _____

School Name: _____

School Grade: _____ (2021-2022)

SACRAMENTS RECEIVED

Baptized	YES _____ NO _____	Baptized Roman Catholic	YES _____ NO _____
Church Name: _____		Church Address: _____	Date of Baptism: ____/____/____
First Communion	YES _____ NO _____	First year of preparation for First Communion completed	YES _____ NO _____
Confirmation	YES _____ NO _____	First year of preparation for Confirmation completed	YES _____ NO _____

STUDENT HEALTH EMERGENCY INFORMATION

Please indicate special health concerns: _____
Please list allergies or other medical conditions we need to be aware of.

Please indicate special accommodations: _____
Please list all medical diagnosis that will require special physical or academic accommodations.

Physician: _____ Phone: (____) _____

Hospital of choice: _____ Phone: (____) _____

Hospital Address: _____

I, the undersigned, do hereby authorize officials of Saint Gregory The Great Religious Education Department to contact directly the person named on this form and do authorize the named physician or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other person listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action deemed necessary in their judgment for the health of the afore-said student. I will not hold St. Gregory The Great Church financially responsible for the emergency care and/or transportation for said students.

I, as parent/guardian, and my student agree to abide by the rules and regulations of St. Gregory the Great Religious Education Program.

Parent/Guardian signature: _____ Date: ____/____/____