

**STUDENT INFORMATION**  
St. Gregory Religious Education Registration 2020-2021

Student Name: _____	Birth Mother: _____ First Name      Maiden Name
Birth date: ____ / ____ / ____	Religion: _____
Male ____ Female ____	Birth Father: _____
School: _____ School Grade: _____ (2020-2021)	First Name      Last Name
Baptized Roman Catholic: Yes ____ No ____	Religion: _____

**Sacrament Received:** Please circle yes or no. If yes, where and when?

Y N Baptism: _____	Church Name _____	City and State (Country) _____	Date: ____ / ____ / ____
Y N Reconciliation: _____	Church Name _____	City and State (Country) _____	Date: ____ / ____ / ____
Y N 1st Communion: _____	Church Name _____	City and State (Country) _____	Date: ____ / ____ / ____

**PLEASE INDICATE WHICH SESSION YOUR CHILD WILL ATTEND:**

**MONDAY**

**SESSION I - 5:00 PM TO 6:30 PM** (only students preparing for First Holy Communion)

Grade 1 \_\_\_\_ Grade 2 \_\_\_\_ Grade 3 \_\_\_\_ Grade 4 \_\_\_\_ Grade 5 \_\_\_\_

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

**SESSION II - 6:00 PM TO 7:30 PM:**

Grade 3 \_\_\_\_ Grade 4 \_\_\_\_ Grade 5 \_\_\_\_ Grade 6 \_\_\_\_ Grade 7 \_\_\_\_ Grade 8 \_\_\_\_

First year of preparation for **Confirmation (7th or 8th Grade only)** \_\_\_\_      Second year of preparation for **Confirmation (8th Grade only)** \_\_\_\_

**SESSION III - 7:00 PM TO 8:30 PM** (only students preparing for First Holy Communion or Confirmation)

6-8 Grade \_\_\_\_ High School (HS) \_\_\_\_

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

First year of preparation for **Confirmation (HS only)** \_\_\_\_      Second year of preparation for **Confirmation (HS only)** \_\_\_\_

**THURSDAY**

**SESSION I - 6:00 PM TO 7:30 PM** (only students preparing for First Holy Communion)

Grade 1 \_\_\_\_ Grade 2 \_\_\_\_ Grade 3 \_\_\_\_ Grade 4 \_\_\_\_ Grade 5 \_\_\_\_

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

**SESSION II - 7:00 PM TO 8:30 PM**

Grade 3 \_\_\_\_ Grade 4 \_\_\_\_ Grade 5 \_\_\_\_ Grade 6 \_\_\_\_ Grade 7 \_\_\_\_ Grade 8 \_\_\_\_

First year of preparation for **Confirmation (7th or 8th Grade)** \_\_\_\_      Second year of preparation for **Confirmation (8th Grade only)** \_\_\_\_

**Student Health Emergency Information**

Please indicate special health concerns: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital of choice: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ 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 aforesaid 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_