

**ST. GREGORY THE GREAT  
RELIGIOUS EDUCATION DEPARTMENT  
REGISTRATION FORM  
2020-2021**

Office phone number: 954-473-6261 ext.149

*“Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.”  
Matthew 19:14*

**Parish Registration #:** \_\_\_\_\_

Today's Date: \_\_\_\_\_

Family Name (With whom student lives): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

When sending mail, address to (Circle one): MR./MRS. MR. MRS. MISS DR./MRS. MR./DR. OTHER: \_\_\_\_\_

**Parents/Guardians**

Parent/Guardian Name: _____ Relationship to Child: _____ Occupation: _____ Cell Phone : (____) _____ Work phone : (____) _____ E-mail Address: _____ Religion: _____ Marital Status: _____	Parent/Guardian Name: _____ Relationship to Child: _____ Occupation: _____ Cell Phone : (____) _____ Work phone: (____) _____ E-mail Address: _____ Religion: _____ Marital Status: _____
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I, \_\_\_\_\_, am interested in being considered as a Religious Education volunteer for: Teacher\_\_ Aide\_\_ Other: \_\_\_\_\_

**Emergency Contact Information:** Please list two other people that can be contacted in case of an emergency:

Name: _____	Relationship: _____	Home Phone: (____) _____
Address: _____	(City) _____	Work Phone: (____) _____
		Cell Phone: (____) _____
Name: _____	Relationship: _____	Home Phone: (____) _____
Address: _____	(City) _____	Work Phone: (____) _____
		Cell Phone: (____) _____

**Names of Children Registering for CCD:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

<p align="center"><b><u>Tuition and Fees (per year):</u></b></p> One Child: _____ \$140 Two Children: _____ \$165 Three or More Children: _____ \$200 Confirmation Fee: _____ \$35 (\$25-Spirit Days and \$10-Robe) Bible Fee*: _____ \$15	<p align="center"><b><u>For office use only</u></b></p> Number of Children Enrolled: _____ Tuition: \$ _____ Bible/Sacrament Fees: \$ _____ Total: \$ _____ Amount Paid at Registration: \$ _____ Amount due: \$ _____ Check#: _____ Cash: (Receipt #) _____ CC#: _____
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