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

Family Registration Form 2022

| Family Information | | Parish Registration #: | | |
|---------------------------------------|---|----------------------------|-----------------|--|
| Today's Date: | | | | |
| Family Name (With whom studer | at lives): | | | |
| Street Address: | | | | |
| City: | Zip Code: _ | | | |
| Home Phone: () | | | | |
| When sending mail, address to (Circle | e one): MR./MRS. MR. MRS. | MISS DR./MRS. | MR./DR. OTHER: | |
| Parents/Guardians Information | | | | |
| Parent/Guardian Name: | | Parent/Guardian | Name: | |
| Relationship to Child: | | | Child: | |
| Occupation: | | | | |
| Cell Phone : () | | |) | |
| Work phone : () | | Work phone: (_ |) | |
| E-mail Address: | | E-mail Address: | | |
| Religion:M | | | Marital Status: | |
| Emergency Contact Information | 1: Please list two other people that can be | be contacted in case of an | emergency: | |
| Name: | Relationship: | | Home Phone: () | |
| Address: | | | Work Phone: () | |
| | (City) | | Cell Phone: () | |
| Name: | Relationship: | | Home Phone: ()_ | |
| | | | Work Phone: () | |
| Address: | (City) | | Cell Phone: () | |
| Number of Children Registering | for the St. Gregory Institute: | | | |
| 1 | 2 | | 3 | |
| | | | | |
| | Number of Children I Tui | ition: \$ Fotal: \$ | | |
| | Amount Paid at Registra | atıon: \$ | | |

Amount due: \$

Cash: (Receipt #)

Check#:

CC#: