



# St. Gregory Institute

*for Sacramental Formation*

## Student Registration Form 2022

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

School Name: \_\_\_\_\_

School Grade: \_\_\_\_\_ (2022-2023)

### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_