

Religious Education Department Returning Students Registration 2022-2023

"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

Student 1 Information

Student Name:

School Name:				Schoo	ol Grade:	(2022-2023)	
Parent's e-mail address:			Cel	l Phone: ()		
Please indicate wh	ich class day	your child	will attend:	Mon	day	Thursday	
	SESSION I - !	5:00 PM TO 6:30 PM	(Only students prep	aring for First Hol	ly Communion)		
G	Grade 1 G	Grade 2	Grade 3	Grade 4	Grad	e 5	
First year of prep	aration for First	Communion:	Second	year of pre	eparation for	First Communion:	
SESSION II - 6:00 PM TO 7:30 PM							
Grade 3	Grade 4	Grade	5 Grade	e 6 G	Grade 7	Grade 8	
First year of preparation for Confirmation (7th or 8th Grade only):							
Second year of preparation for Confirmation (8th Grade only):							
SESSIO	N III - 7:00 PM TO 8:30	PM I THURSDAY O	NLY (Only students pr	enarina for First I	Holv Communion	or Confirmation)	

High School (HS)

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

Second year of preparation for **Confirmation (HS only)**:

6-8 Grade

First year of preparation for **First Communion**:

First year of preparation for Confirmation (HS only):

Student Health Emergency Information

Emergency Contact Information

Please list two other people that can be contacted in case of an emergency Please write other than parent/guardian names as Emergency Contact)

Name: Address:	Relationship:
Cell Phone: ()	Home Phone: ()
()	
Name:	Relationship:
Address:	
Cell Phone: ()	Home Phone: ()
	Indicate Special Health Concerns:
Dhuaisian	Phone: ()
Physician:	Phone: ()
Hospital of choice:	Phone: ()
Address:	
and do authorize the named physicia In the event that physicians or other per	rize officials of Saint Gregory The Great Religious Education Department to contact directly the person named on this form n or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student, son listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action the health of the aforesaid student. I will not hold St. Gregory the Great Church financially responsible for the emergency care and/or
l, as paren	t/guardian, and my student agree to abide by the rules and regulations of
	St. Gregory the Great Religious Education Program.
	Parent/Guardian signature:

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Student 2 Information

Student Name:						
School Name:	School Grade:	(2022-2023)				
Parent's e-mail address:	Cell Phone: ()					
Please indicate which class day your child v	vill attend: Monday	Thursday				
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	N 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 THURSDAY ONLY (Only students preparing for First Holy Communion or Confirmation)						
6-8 Grade	High School (HS)					
First year of preparation for First Communion:	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 Co	nfirmation (HS only):				

Student Health Emergency Information

Emergency Contact Information

Please list two other people that can be contacted in case of an emergency Please write other than parent/guardian names as Emergency Contact)

Name: Address:	Relationship:
Cell Phone: ()	Home Phone: ()
()	
Name:	Relationship:
Address:	
Cell Phone: ()	Home Phone: ()
	Indicate Special Health Concerns:
Dhuaisian	Phone: ()
Physician:	Phone: ()
Hospital of choice:	Phone: ()
Address:	
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	St. Gregory the Great Religious Education Program.
	Parent/Guardian signature:

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Student 3 Information

Student Name:							
School Name:		School Grade:			(2022-2023)		
Parent's e-mail address:			Cell I	Phone:	()	
Please indicate which c	ass day you	r child will	attend:	Mor	nday		Thursday
	SESSION I - 5:00 PM	TO 6:30 PM (Only	students preparii	ng for First Ho	oly Commi	union)	
Grade	1 Grade	2 Gra	de 3	Grade 4		Grade 5	
First year of preparation for First Communion: Second year of preparation for First Communion:							
		SESSION II - 6	i:00 PM TO 7:30 I	PM			
Grade 3	Grade 4	Grade 5	Grade 6	5 (Grade 7	7 G	rade 8
First year of preparation for Confirmation (7th or 8th Grade only):							
Second year of preparation for Confirmation (8th Grade only):							
SESSION III - 7:0	00 PM TO 8:30 PM TH	HURSDAY ONLY (Or	nly students prepo	aring for First	Holy Com	munion or Con	firmation)
	6-8 0	Grade	High Schoo	ol (HS)			
First year of preparation	for First Comm	nunion:	Second ye	ear of pre	paratio	n for First	Communion:
First year of preparation for Co	onfirmation (H	S only)·	Second ve	ear of pre	naratio	n for Confi	rmation (HS only).

Student Health Emergency Information

Emergency Contact Information

Please list two other people that can be contacted in case of an emergency Please write other than parent/guardian names as Emergency Contact)

Name: Address:	Relationship:
Cell Phone: ()	Home Phone: ()
()	
Name:	Relationship:
Address:	
Cell Phone: ()	Home Phone: ()
	Indicate Special Health Concerns:
Dhuaisian	Phone: ()
Physician:	Phone: ()
Hospital of choice:	Phone: ()
Address:	
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	Parent/Guardian signature:

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Tuition and Fees (per year):				
One Child:	\$140	Confirmation Fee:	\$ 35	
Two Children:	\$165	(\$25 - Spirit Days and \$10 - Robe)		
Three or More Children:	\$ 200	Bible Fee*:	\$ 15	

For office use only						
Children Enrolled #:		Total due:	\$	Check #:		
Tuition:	\$	Amount Paid:	\$	Cash: (Receipt #)		
Bible / Sacrament Fees:	\$	Amount due:	\$	CC #:		