



St. Gregory Institute

for Sacramental Formation

Office phone number: 954-473-8169 ext.1130

Family Registration Form 2023

Family Information

Parish Registration #: _____

Today's Date: _____

Family Name (With whom student lives): _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: (____) _____ Family Email: _____

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

Parents/Guardians Information

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Occupation: _____	Occupation: _____
Cell Phone : (____) _____	Cell Phone : (____) _____
Work phone : (____) _____	Work phone: (____) _____
E-mail Address: _____	E-mail Address: _____
Religion: _____ Marital Status: _____	Religion: _____ Marital Status: _____

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

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

Number of Children Registering for the St. Gregory Institute:

1. _____ 2. _____ 3. _____

For office use only

Number of Children Enrolled: _____

Tuition: \$ _____

Total: \$ _____

Amount Paid at Registration: \$ _____

Amount due: \$ _____

Check#: _____ Cash: (Receipt #) _____ CC#: _____

For office use only

Tuition Cost : \$300 per child

***Payment is non-refundable



St. Gregory Institute

for Sacramental Formation

Student Registration Form 2023

Name: _____	Male _____	Female _____
Birth date: ____/____/____	Age: _____	Shirt Size _____
School Name: _____	<i>For Office Use Only</i>	
School Grade: _____ (2022-2023)	Assigned Class: _____	

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 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: ____/____/____



St. Gregory Institute

for Sacramental Formation

Authorization for Pictures to be taken of your child at Religious Education classes, events and/or sacramental celebrations

St. Gregory the Great Catholic Church and the Office of Faith Formation may take pictures during special moments in class, special events and sacramental celebrations. Please sign below acknowledging that you are ok with us using the pictures containing your child, which are taken during special moments in class, special events or sacramental celebrations for use on our website or for promotional reasons for St. Gregory the Great Catholic Church or the Office of Faith Formation.

Parent Name (printed): _____ **Date:** _____

Parent Signature: _____ **I give consent:** Yes _____ No _____



St Gregory the Great
Catholic Church

Religious Education Registration Requirements

- **Parish registration number**

- If you wish to be a part of our parish, please register online at www.saintgreg.org or call the Church office at 954-473-6261.

- **Sacramental information including:**

- Copy of Baptismal certificate
 - Copy of First Communion certificate (when applicable)

Copy of Birth Certificate of child to be registered

Current passport sized picture of child to be registered

- **Registration Forms completely filled out**

- *New students must fill out two forms:*
 - Registration Form for New Families
 - Registration Form for New Students (Each Student fills out one)
 - *Acknowledgment of Arrival and Dismissal Procedures Form signed by both Parents*

Payment (credit card, check or cash)

\$300 per child

For more information, please contact the Religious Education Office at (954) 473-8169 or
Religiougioused@saintgreg.org