

Student Information

Student Name:

Birth date: / / Male: Female: Baptized Roman Catholic: Yes No

School Name: School Grade: (2022-2023)

Birth Mother: Religion:

Birth Father: Religion:

Sacraments Received

Please select yes or no. If yes, where and when?

Y N Baptism: Date: / /
Church Name City and State (Country)

Y N Reconciliation: Date: / /
Church Name City and State (Country)

Y N Communion: Date: / /
Church Name City and State (Country)

Please indicate which class day your child will attend: **Monday** **Tuesday**

SESSION 1 - 5:00 PM TO 6:30 PM (Only 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 2 - 6:00 PM TO 7:30 PM

Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 Grade 8 High School

First year of preparation for **First Holy Communion (6th, 7th, 8th and High School only)**:

Second year of preparation for **First Holy Communion (6th, 7th, 8th Grade only)**:

First year of preparation for **Confirmation (7th, 8th and High School Year 1 only)**:

Second year of preparation for **Confirmation (8th, High School Year 2 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:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
Cell Phone:	(<input type="text"/>) <input type="text"/>	Home Phone:	(<input type="text"/>) <input type="text"/>

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
Cell Phone:	(<input type="text"/>) <input type="text"/>	Home Phone:	(<input type="text"/>) <input type="text"/>

Indicate Special Health Concerns:

Physician: Phone: ()

Hospital of choice: Phone: ()

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 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)
 - *Returning students must fill out one form:*
 - Re-registration form for current Students
 - *Acknowledgment of Arrival and Dismissal Procedures*
 - *Form signed by both Parents*
- **Payment (credit card, check or cash)**
 - One child \$140.00
 - Two children \$165.00
 - Three or more children \$200
 - Confirmation fee \$35 (Gown and Spirit Day)
 - Bible Fee \$15.00

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