



# St. Gregory Catholic Church

Office of Faith Formation and Sacraments

## New Families Registration 2023-2024

*"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

Today's Date:  /  /

Parish Registration #:

Family Name (*With whom student lives*):

Street Address:  City/State:

Zip Code:  Home Phone: (  )

When sending mail, address to (*select one*):

Mr./Mrs.  Mr.  Mrs.  Miss  Dr./Mrs.  Dr./Mr.  Other:

### Parents/Guardians

Parent/Guardian Name: <input type="text"/>	Parent/Guardian Name: <input type="text"/>
Relationship to Child: <input type="text"/>	Relationship to Child: <input type="text"/>
Occupation: <input type="text"/>	Occupation: <input type="text"/>
Cell Phone: ( <input type="text"/> ) <input type="text"/>	Cell Phone: ( <input type="text"/> ) <input type="text"/>
Work Phone: ( <input type="text"/> ) <input type="text"/>	Work Phone: ( <input type="text"/> ) <input type="text"/>
E-mail Address: <input type="text"/>	E-mail Address: <input type="text"/>
Religion: <input type="text"/>	Religion: <input type="text"/>
Marital Status: <input type="text"/>	Marital Status: <input type="text"/>

I, , am interested in being considered as a Religious Education volunteer for:

Teacher  Aide  Other

**Names of Children Registering for Religious Education:**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**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 \_\_\_\_\_

**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

**\*\*\*Child withdrawal: Withdrawal in the first two weeks of class is subject to a \$50 fee. No Refunds are given two weeks after classes have begun.**

**For office use only**

Children Enrolled #:	_____	Total due: \$	_____	Check #:	_____
Tuition:	\$ _____	Amount Paid: \$	_____	Cash: (Receipt #)	_____
Bible / Confirmation Fees:	\$ _____	Amount due: \$	_____	CC #:	_____

## 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 (6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> and High School only)**:

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

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

**Second** year of preparation for **Confirmation (8<sup>th</sup>, 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](http://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](mailto:religioused@saintgreg.org)