



# St. Gregory Institute

*for Sacramental Formation*

## Student Registration Form 2023

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

Male \_\_\_\_\_ Female \_\_\_\_\_

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

Age: \_\_\_\_\_ Shirt Size \_\_\_\_\_

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

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

***For Office Use Only***  
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: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## **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](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)

- *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 [Religiougiused@saintgreg.org](mailto:Religiougiused@saintgreg.org)