



# St. Gregory Institute

for Sacramental Formation

Office phone number: 954-473-6261 ext.1130

## Family Registration Form 2024

### 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 2024

Name: _____	Male _____	Female _____
Birth date: ____/____/____	Age: _____	Shirt Size _____
School Name: _____	<b><i>For Office Use Only</i></b>	
School Grade: _____ (2023-2024)	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) 473-6261 or [Religiougioused@saintgreg.org](mailto:Religiougioused@saintgreg.org)



# Saint Gregory the Great

## Catholic Church and School

### Parish Registration & Contact Update Form

Please print all information  
Return to Church Office or drop in Donation Towers

OFFICE USE

1. Name: \_\_\_\_\_ **Parishioner Number:** \_\_\_\_\_

Female Male DOB: \_\_\_/\_\_\_/\_\_\_ Ethnicity \_\_\_\_\_

**Marital Status:**  Single  Married Civilly  Married in Catholic Church

**Sacraments:**  Baptism  First Communion  Reconciliation  Confirmation

2. Name: \_\_\_\_\_

Female Male DOB: \_\_\_/\_\_\_/\_\_\_ Ethnicity \_\_\_\_\_

**Marital Status:**  Single  Married Civilly  Married in Catholic Church

**Sacraments:**  Baptism  First Communion  Reconciliation  Confirmation

#### Contact Information:

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Family Email:** \_\_\_\_\_

**Preferred Mass Time:** Sat.- **4pm** Sunday- **7:30am 9am 10:30am 12 Noon 1:30pm 3pm 6pm**

#### Preferred Form of Offertory:

**Online Automatic Giving:** Please register at <https://www.osvhub.com/saintgreg/funds>.

**Or PrePrinted Envelopes**

#### Children/Other Family Member Information

Name	Relationship	DOB	Bapt.   Eucha.   Confirm.
1 _____			
2 _____			
3 _____			
4 _____			
5 _____			

More information on the back of form

## 2

**Please check any personal concerns you or your family may have:**

Updating my/our understanding of the Church Receiving the sacraments:

Baptism

Penance/Reconciliation

Eucharist

Confirmation

Matrimony

Speaking to priests about personal difficulties

Discussing a problem that has kept me/us away from the Church

## 3

a) If there is someone in your home who is unable to attend Mass, would you like someone to bring him/her Holy Communion on a regular basis?

Yes      No

b) Would any non-Catholic family members desire more information about the Church?

Yes      No

c) If you have children of school age and they are not at St. Gregory Catholic School, would you like information about our school?

Yes      No

d) If you have children attending public schools who are not participating in Religious Education classes, would you like information about our program?

3. Yes      No