



St. Gregory Catholic Church

Office of Faith Formation and Sacraments

Returning Students Registration 2024-2025

"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

Child's Information

Child's Name:

School Name: School Grade: (2024-2025)

Parent's e-mail address: Cell Phone: ()

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

5:30 PM TO 7:00 PM

If child is entering first or second year of First Communion please indicate below

Grade 1 Grade 2 Grade 3 Grade 4 Grade 5

First year of preparation for **First Communion**: **Second** year of preparation for **First Communion**:

3-5 Classes can be taken in any order (subject to availability)

3rd - 5th grade of **Scriptures**: **Only Monday**

3rd - 5th grade of **Catechism**: **Only Monday**

3rd - 5th grade of **Faith Summary**: **Only Monday**

If child is entering first or second year of Confirmation please indicate below

Grade 6 Grade 7 Grade 8 High School

First year of preparation for **Confirmation (6th)**: **Second** year of preparation for **Confirmation (7th)**:

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

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

Baptism (Children 7+):

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 (allergies, medical conditions, disabilities or medical situations we must be aware of:

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: | |

For office use only

Tuition and Fees (*per year*):

One Child _____	\$140	Confirmation Fee _____	\$ 35
			(<small>\$25 - Spirit Days and \$10 - Robe</small>)
Two Children _____	\$165		
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: (<i>Receipt #</i>) _____
Bible / Sacrament Fees: \$ _____	Amount due: \$ _____	CC #: _____

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)
 - *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) 473-6261 or
by email: religioused@saintgreg.org