

# St. Gregory the Great Confirmation 1 Program Registration Form 2019-2020

**Please Circle One Choice:**

- **Sunday Morning Class (Fall/ October 2019)**                      **10:50am – 11:50am**

or

- **Wednesday Evening Class (Fall/ October 2019)**                      **6:30pm-7:45pm**

**Tuition for Confirmation 1:** \$80.00 per student (Please make checks out to: St. Gregory the Great Church)

**All Students Will Participate in the Following through the Year:**

**Teen Masses:** Students participate in all aspects of Mass. Dates will be announced.

**Service Projects:** Dates will be announced.

**Retreats:** Dates will be announced.

## **STUDENT INFORMATION: Please Print Clearly**

STUDENT GRADE (Entering in 2019-2020) \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F

### **This is the Address that Will Be Used for Mailings:**

Home Address: \_\_\_\_\_

City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **FAMILY E-Mail We Can Use** \_\_\_\_\_

Allergies: Type \_\_\_\_\_

Instructions: \_\_\_\_\_

IEP: Yes \_\_\_\_\_ No \_\_\_\_\_ Special Needs and Classroom Considerations: \_\_\_\_\_

Amt. Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash \_\_\_\_\_

Are You a Registered Parishioner? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE FILL BOTH SIDES**

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## **STUDENT SACRAMENTAL INFORMATION:**

### **NEW STUDENTS TO THE PARISH NEED TO PROVIDE:**

- PHOTOCOPY OF BAPTISMAL CERTIFICATE
- PHOTOCOPY OF FIRST EUCHARIST CERTIFICATE IF APPLICABLE

\_\_\_\_\_ **Yes**, my child was BAPTIZED at St. Gregory the Great Church: Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ **No**, my child was BAPTIZED at Different Church: **Please Provide Copy of Baptismal Certificate**

## **PARENT/GUARDIAN INFORMATION: Please Print Clearly**

**Mother's Name** \_\_\_\_\_ Maiden Name \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_

Mother's E-mail Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_

Father's E-mail Address \_\_\_\_\_

## **In Case of Emergency:**

If we are unable to contact you, please indicate the person we should contact:

Name	Relationship to child	Phone
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## **PHOTO-ELECTRONIC MEDIA RELEASE:**

My child's picture may be photographed or videotaped at or by the St. Gregory the Great Parish Program of Religious Formation. I understand that the photo may be published in the newspaper, the parish website or bulletin boards. The video may be used for informational or educational purposes regarding the programs or curriculum at St. Gregory the Great Parish Program of Religious Formation. No Names will be used.

YES \_\_\_\_\_ NO \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL BOTH SIDES**