

**Saint Gregory the Great Religious Formation Registration Form**  
**CONFIRMATION 2 PROGRAM**

**2018-2019**

*Faith ~ Family ~ Friends*

**SCHEDULE:** Please Circle Only 1 of 2 Choices Offered for Class:

**Sundays:** 9:50am-10:50am                      or                      **Wednesdays:** 6:30pm-7:45pm

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

**Retreats:** Dates will be announced

**Registration Fee:** \$80.00 per student:    Please make checks out to: St. Gregory the Great Church

**DID YOUR TEEN ATTEND:** Religious Education at another Parish in 2017/2018 School Year? Yes \_\_\_\_\_

~If Yes, Name of Parish: \_\_\_\_\_ No: \_\_\_\_\_

**STUDENT INFORMATION:** Please Print Clearly    **STUDENT GRADE (Entering in 2018-2019)** \_\_\_\_\_

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 \_\_\_\_\_

**OVER**

# Saint Gregory the Great Religious Formation Registration Form

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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

If Baptismal Certificate is Not Readily Available -Please Send Registration Form Ahead and Send in Certificate as Soon as Possible. Thank You!

### 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 teen Phone

### 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 \_\_\_\_\_