

Saint Gregory the Great Religious Formation Registration Form

2018-2019 School Year for Grades Pk-8

We Need Original Registration Forms for Each Student.

Please Fill Out Both Sides of the Registration Form

Registration Fees: \$45.00 per student for **Grades: PK, K, 1, 3-8**

Sacramental Fees: \$80.00 per student: **Grade 2/ First Reconciliation & First Holy Communion**

Please Write Check Out to: *St. Gregory the Great Church*

PLEASE CIRCLE:

DAY OF CLASS	And	GRADE
Sunday	9:50am-10:50am	1 2 3 4 5 6 7 8
Sunday	11:00am-During Mass	Pre-k & K (Ages 4-5)
Monday	3:45pm-5:00pm	1 2 3 4 5 6 7 8
Wednesday	3:45pm-5:00pm	1 2 3 4 5 6 7 8

DID YOUR CHILD ATTEND: Religious Education at another Parish in 2017/2018 School Year? ~If Yes, Name of Parish: _____

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: _____

Allergies: Type _____

Instructions: _____

IEP: Yes _____ No _____ Special Needs and Classroom Considerations: _____

Amt. Paid: _____	Check Number: _____	Cash _____
Are You a Registered Parishioner? Yes _____ No _____		

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Student Sacramental Information: NEW STUDENTS TO THE PARISH OR ENTERING
THE PROGRAM FOR THE FIRST TIME 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 _____

FAMILY e-mail we can use? _____

In Case of Emergency:

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

Name Relationship to child 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** _____