St. Gregory Barbarigo Catholic Church

YOUTH FORMATION REGISTRATION FORM 2025-2026

Child's Full Name:	
Child's Date of Birth:	Male/Female :
Church of Baptism:	
Youth Formation Grade Level:	
School Attending :	School Grade Level:
Home Address:	
Mailing Address: (If different)	
Father's Name:	
Father's Phone Number:	Father's Email:
Mother's Name:	
Mother's Phone Number:	Mother's Email:
Phone Reached During Class:	
Allergies:	
Special Learning Needs:	
Child Lives With: (Choose Only One)	Both Parents Father Mother Joint Custody With Two Addresses Guardian
Emergency Contact (name and phone n	umber):
Do you give permission for child's name and social media, and/or diocesan publi	and image to be included in publicity releases such as bulletins, parish website ication? (Circle One) Yes No
Please contact Tressa Hebert at the chu Phone: 985 876-2047 email: t	urch office with any questions. hebert@htdiocese.org
Registration Fees: Grades 1, 3-9 Grades 2, 10 & 11	\$30 \$50
Financial Assistance is Available.	
Parent/Guardian Signature:	