

**ST. GREGORY THE GREAT RELIGIOUS EDUCATION DEPARTMENT  
RE-REGISTRATION FORM  
2020-2021**

Office phone number: 954-473-6261 ext.149

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade (2020 –2021):** \_\_\_\_\_

**Parent's e-mail address:** \_\_\_\_\_

**Parent's cell phone number:** \_\_\_\_\_

**PLEASE INDICATE WHICH SESSION YOUR CHILD WILL ATTEND:**

**MONDAY**

**SESSION I - 5:00 PM TO 6:30 PM** (only students preparing for First Holy Communion)

Grade 1 \_\_\_\_ Grade 2 \_\_\_\_ Grade 3 \_\_\_\_ Grade 4 \_\_\_\_ Grade 5 \_\_\_\_

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

**SESSION II - 6:00 PM TO 7:30 PM:**

Grade 3 \_\_\_\_ Grade 4 \_\_\_\_ Grade 5 \_\_\_\_ Grade 6 \_\_\_\_ Grade 7 \_\_\_\_ Grade 8 \_\_\_\_

**First year of preparation for Confirmation (7th or 8th Grade only)** \_\_\_\_ **Second year of preparation for Confirmation (8th Grade only)** \_\_\_\_

**SESSION III - 7:00 PM TO 8:30 PM** (only students preparing for First Holy Communion or Confirmation)

6th-8th Grade \_\_\_\_ High School (HS) \_\_\_\_

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

**First year of preparation for Confirmation (HS only)** \_\_\_\_ **Second year of preparation for Confirmation (HS only)** \_\_\_\_

**THURSDAY**

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**SESSION II - 7:00 PM TO 8:30 PM**

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**STUDENT HEALTH EMERGENCY INFORMATION**

**EMERGENCY CONTACT:** (Please write other than parent/guardian names as Emergency Contact)

1. \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

2. \_\_\_\_\_ CELL \_\_\_\_\_ HOME \_\_\_\_\_

Indicate Special Health Concerns: \_\_\_\_\_

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.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, as parent/guardian, and my student agree to abide by the rules and regulations of St. Gregory the Great Religious Education Program.

**Tuition and Fees (per year):**

One Child: \_\_\_\_\_ \$140  
Two Children: \_\_\_\_\_ \$165  
Three or More Children: \_\_\_\_\_ \$200  
Confirmation Fee: \_\_\_\_\_ \$35 (\$10 Gown and \$25 Spirit Day)  
Bible Fee\*: \_\_\_\_\_ \$15

**For office use only**

Number of Children Enrolled: \_\_\_\_\_ Total due: \$ \_\_\_\_\_  
Tuition: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  
Bible/Sacrament Fees: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_  
Check #: \_\_\_\_\_ Cash: (Receipt #) \_\_\_\_\_  
Credit Card #: \_\_\_\_\_

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