

STUDENT INFORMATION

St. Gregory Religious Education Registration 2019-2020

Student Name: _____		Male _____	Female _____
Birth date: ____/____/____		Baptized Roman Catholic: Yes ____ No ____	
School: _____		School Grade: _____ (2019-2020)	
Birth Father: _____		Birth Mother: _____	
First Name	Last Name	First Name	<i>Maiden</i> Name
Religion: _____		Religion: _____	

Sacrament Received: Please circle yes or no. If yes, where and when ?

Y N Baptism: _____	Church Name _____	City and State (Country) _____	Date: ____/____/____
Y N Reconciliation: _____	Church Name _____	City and State (Country) _____	Date: ____/____/____
Y N 1st Communion: _____	Church Name _____	City and State (Country) _____	Date: ____/____/____

PLEASE INDICATE WHICH SESSION YOUR CHILD WILL ATTEND:

MONDAY - 4:00 PM TO 5:30 PM:

Kindergarten ____ Grade 1 ____ Grade 2 ____ Grade 3 ____ Grade 4 ____ Grade 5 ____ Grade 6 ____ Grade 7 ____ Grade 8 ____

First year of preparation for **First Reconciliation and First Communion:** ____

Second year of preparation for **First Reconciliation and First Communion:** ____

First year of preparation for **Confirmation** ____ Second year of preparation for **Confirmation** ____

THURSDAY - 6:00 PM TO 7:30PM:

Kindergarten ____ Grade 1 ____ Grade 2 ____ Grade 3 ____ Grade 4 ____ Grade 5 ____

First year of preparation for **First Reconciliation and First Communion:** ____

Second year of preparation for **First Reconciliation and First Communion:** ____

THURSDAY - 7:00 PM TO 8:30 PM

Grade 6 ____ Grade 7 ____ Grade 8 ____ High School ____

First year of preparation for **First Reconciliation and First Communion:** ____

Second year of preparation for **First Reconciliation and First Communion:** ____

First year of preparation for **Confirmation** ____ Second year of preparation for **Confirmation** ____

Student Health Emergency Information

Please 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.

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

Parent/Guardian signature: _____

Date: ____/____/____