

**ST. GREGORY THE GREAT
RELIGIOUS EDUCATION DEPARTMENT
REGISTRATION FORM
2019-2020**

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

*“Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these.”
Matthew 19:14*

Parish Registration #: _____

Today's Date: _____

Family Name (With whom student lives): _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: (____) _____

When sending mail, address to (Circle/Check one): MR./MRS. MR. MRS. MISS DR./MRS. MR./DR. OTHER: _____

Parents/Guardians

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Occupation: _____	Occupation: _____
Cell Phone : (____) _____	Cell Phone : (____) _____
Work phone : (____) _____	Work phone: (____) _____
E-mail Address: _____	E-mail Address: _____
Religion: _____ Marital Status: _____	Religion: _____ Marital Status: _____

I, _____, am interested in being considered as a Religious Education volunteer for: Teacher Aide Other: _____

Emergency Contact Information: Please list two other people that can be contacted in case of an emergency:

Name: _____ Relationship: _____	Home Phone: (____) _____
Address: _____ (City)	Work Phone: (____) _____
	Cell Phone: (____) _____
Name: _____ Relationship: _____	Home Phone: (____) _____
Address: _____ (City)	Work Phone: (____) _____
	Cell Phone: (____) _____

Names of Children Registering for CCD: 1. _____ 2. _____ 3. _____ 4. _____

<u>Tuition and Fees (per year):</u>	<u>For office use only</u>
One Child: _____ \$140	Number of Children Enrolled: _____
Two Children: _____ \$165	Tuition: \$ _____
Three or More Children: _____ \$200	Bible/Sacrament Fees: \$ _____
Confirmation Fee: _____ \$35 (\$25-Spirit Days and \$10-Robe)	Total: \$ _____
Bible Fee*: _____ \$15	Amount Paid at Registration: \$ _____
	Amount due: \$ _____
	Check#: _____ Cash: (Receipt #) _____ CC#: _____