

**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

SESSION I - 6:00 PM TO 7:30 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 - 7:00 PM TO 8:30 PM

Grade 3 ____ Grade 4 ____ Grade 5 ____ Grade 6 ____ Grade 7 ____ Grade 8 ____

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

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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