

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

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 one): MR./MRS. MR. MRS. MISS DR./MRS. MR./DR. OTHER: _____

Parents/Guardians

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

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

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

St. Gregory Religious Education Registration 2020-2021

Student Name: _____ Birth Mother: _____
 Birth date: ____/____/____ Religion: _____
 Male ____ Female ____ Birth Father: _____
 School: _____ School Grade: _____ (2020-2021) First Name Last Name
 Baptized Roman Catholic: Yes ____ No ____ Religion: _____

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

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

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)

6-8 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

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: ____/____/____