

REGISTRATION FORM 2016-2017
“Sunday Morning with Jesus”
for 3, 4 and 5 year olds
9:00 am Mass

PLEASE PRINT

Date: _____

Family Name: _____ First: _____
Mother Father

Child #1: _____
First Name Last Name

Age: _____ Date of Birth: _____

Child #2: _____
First Name Last Name

Age: _____ Date of Birth: _____

Address: _____

Cell Phone (Mother): _____ Cell Phone (Father): _____

E-mail address: _____
(PLEASE PRINT)

Does your child currently attend pre-school, and if so where? _____

Are you a registered member of St. Gregory Parish? _____

Do you participate in any of the Parish ministries? If so, which? _____

Please enclose a non-refundable registration fee of \$30.00 per child per school year (October – June). **Return this Registration Form and the fee to the Church Office c/o Sister Jean as soon as possible. Notification of Acceptance and Year’s Calendar will be emailed to you as soon as the Registration Form is received. For more information call the Ministry office 954-473-6261 Ext. 153**

For office use only:
Registration Fee Paid _____

Date Received: _____

Date Notified: _____