

**ST. GREGORY THE GREAT RELIGIOUS EDUCATION DEPARTMENT  
RE-REGISTRATION FORM  
2017-2018**

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

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade ('17-'18): \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

**PLEASE INDICATE WHICH SESSION YOUR CHILD WILL ATTEND:**

**MONDAY - 4:00 PM TO 5:15 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 7:15PM:**

Kindergarten \_\_\_\_ Grade 1 \_\_\_\_ Grade 2 \_\_\_\_ Grade 3 \_\_\_\_ Grade 4 \_\_\_\_ Grade 5 \_\_\_\_

First year of preparation for **First Reconciliation/First Communion:** \_\_\_\_\_

Second year of preparation for **First Reconciliation/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**

**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.

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tuition and Fees (per year):**

One Child: \_\_\_\_\_ \$125  
 Two Children: \_\_\_\_\_ \$150  
 Three or More Children: \_\_\_\_\_ \$200  
 Confirmation Fee: \_\_\_\_\_ \$35 (\$15 Gown and \$20 Spirit Day)  
 Bible Fee\*: \_\_\_\_\_ \$15

**For office use only**

Number of Children Enrolled: \_\_\_\_\_ Total due:\$ \_\_\_\_\_  
 Tuition:\$ \_\_\_\_\_ Amount Paid :\$ \_\_\_\_\_  
 Sacrament Fees: \$ \_\_\_\_\_ Amount due:\$ \_\_\_\_\_  
 Check#: \_\_\_\_\_ Cash: (Receipt #) \_\_\_\_\_  
 Credit Card#: \_\_\_\_\_