

STUDENT INFORMATION
St. Gregory Religious Education Registration 2017-2018

Student Name: _____ Male _____ Female _____
 Birth date: ____/____/____ Baptized Roman Catholic: Yes ___ No ___
 School: _____ School Grade: _____ (2017-2018)
 Birth Father: _____ Birth Mother: _____

First Name Last Name First Name *Maiden* Name

Religion: _____ 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 - 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 and First Communion: _____

Second year of preparation for First Reconciliation and 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

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: ____/____/____