

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

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: _____	Relationship: _____	Home Phone: (____) _____
Address: _____	(City) _____	Work Phone: (____) _____
		Cell Phone: (____) _____
Name: _____	Relationship: _____	Home Phone: (____) _____
Address: _____	(City) _____	Work Phone: (____) _____
		Cell Phone: (____) _____

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

<p align="center"><u>Tuition and Fees (per year):</u></p> One Child: _____ \$125 Two Children: _____ \$150 Three or More Children: _____ \$200 Confirmation Fee: _____ \$35 (\$20-Spirit Day and \$15-Robe) Bible Fee*: _____ \$15	<p 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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