

THIS SECTION IS FOR OFFICE USE ONLY			
Payment Amount	Check number	Date	Balance

**ST GREGORY THE GREAT CATHOLIC CHURCH  
Religious Education Registration Form**

**FAMILY NAME:** \_\_\_\_\_ **Father's Name** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_  
 Telephone: Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Are you registered in the Church of St. Gregory the Great? \_\_\_\_\_ Envelope Number: \_\_\_\_\_

¿Necesita que sus niños tomen las clases de educación religiosa en español? _____
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**Name of Student:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**School Attending:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Sacraments Received:**

Baptism \_\_\_\_\_  
 Eucharist \_\_\_\_\_  
 Reconciliation \_\_\_\_\_  
 Confirmation \_\_\_\_\_

**Sacraments to be enrolled for:**

Baptism \_\_\_\_\_  
 Eucharist \_\_\_\_\_  
 Reconciliation \_\_\_\_\_  
 Confirmation \_\_\_\_\_

**MEDICAL PROBLEMS?** \_\_\_\_\_ Please explain: \_\_\_\_\_

Did this student attend Religious Education last year? \_\_\_\_\_ Where?: \_\_\_\_\_

Date of Registration: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**School Attending:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

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Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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Date of Registration: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

The non-refundable fee for the Religious Education School year is \$80 per family and is due upon registration. Please make checks payable to St. Gregory Catholic Church. You will be billed during the month of October if you are unable to make payment when you register. Additional registration forms may be picked up at the parish office during regular office hours. For further information, please call the Christian Formation Office at 499-4494.