

St. Gregory the Great & Sacred Heart Faith Formation Registration Form 2022-2023

**REGISTRATION
DUE
AUGUST 19**

P. O. Box 609 ♦ North Branch, MN 55056 ♦ www.stgregorynb.org

St. Gregory Education Office: 651.674.7382 ♦ Fax 651.277.4563 ♦ Email: education@stgregorynb.org

Family Last Name _____ Home Phone Number: (____) _____

Street Address _____ City, Zip Code _____

Head of Household Name _____ Cell Phone #: _____ Work # _____
Email: _____

Spouse's Name _____ Cell Phone #: _____ Work # _____
Email: _____

Registered at St. Gregory's? YES NO **Registered at Sacred Heart? Yes No**

Families must be registered at St. Gregory's or Sacred Heart parish to have children enrolled in the Faith Formation program. If you are not a registered parishioner, please call the appropriate parish office to register.

My Child(ren) live with (Please circle): Both Parents Mother Father Joint Custody Guardian

STUDENT REGISTRATION: If registering more than 3 children, please use additional form.

<p>Kids In Christ (KIC) Grades 1-4 Sunday Morning 10:30 am—12:00 pm</p>	<p>Kids In Christ (KIC) Grades 1-8 Wednesday Evening 6:00 pm—7:30 pm</p>	<p>Disciples of Christ (DOC) Grades 9 & 10 Sunday Evening twice per month 5:00 pm—7:00 pm</p>
All Classes are held at St. Gregory the Great		

	Child #1	Child #2	Child #3
Legal First Name			
Middle Name			
Legal Last Name, if different			
Grade Level in Fall, 2022			
Session Attending			
Last Grade of Faith Formation			
Gender	Male or Female	Male or Female	Male or Female
Date of Birth: MM/DD/YY			
Baptismal Date: MM/DD/YY			
Baptismal Church City, State			
Received First Reconciliation?	Yes or No	Yes or No	Yes or No
Received First Eucharist?	Yes or No	Yes or No	Yes or No
Where? Church, City, State			
Confirmed?	Yes or No	Yes or No	Yes or No
If child was enrolled in program elsewhere, indicate parish/city			

(OVER)



MEDICAL & SPECIAL NEEDS INFORMATION Is there any information that you would like us to know about your child(ren)? Any physical, emotional, family, or learning difficulties? Are there any specific health or medical issues we should be aware of? (All information will be treated with confidentiality.)

IN THE EVENT OF A MEDICAL/DENTAL EMERGENCY & I CAN NOT BE REACHED, I AUTHORIZE EMERGENCY TREATMENT TO BE ADMINISTERED TO ANY CHILD(REN) LISTED ON THIS FORM.

PRINT FULL PARENT/GUARDIAN NAME _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



PHOTO-VIDEO RELEASE: I hereby give permission for my son(s)/daughter(s) to be photographed or videotaped at Sacred Heart and/or St. Gregory the Great parishes. I realize that the photo may be published in the parish bulletin, website or on bulletin boards. Generally, we don't publish last names with photos. The photos/video may be used for informational, educational or sacramental purposes regarding the programs or curriculum at Sacred Heart Church and St. Gregory the Great parishes.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



PERMISSION TO COMMUNICATE VIA SOCIAL MEDIA: I understand that communications now occur with new technology, including text, email, Zoom Online Sessions, RCL Benziger Flourish Online Lessons, telephone, cell phone and Facebook. I give my permission for St. Gregory the Great & Sacred Heart Staff/Volunteers to send communications directly to my child(ren) regarding Faith Formation lessons and Church activities.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT, OTHER THAN PARENT(S)? In the event that we are unable to reach parents during or immediately following class, please indicate an alternate contact person who will pick up your child(ren).

NAME _____ RELATIONSHIP TO CHILD _____

HOME # (____) _____ CELL #: (____) _____

FAITH FORMATION FEES INFORMATION: *Please read completely and fill in worksheet for cost.*

NUMBER OF STUDENTS ENROLLED:	
GRADES 1 - 8 (number of students) _____	X \$75.00 = \$ _____
GRADES 9 & 10 (number of students) _____	X \$95.00 = \$ _____
	(excludes retreat fees)
	(add totals from above) Total Fees = \$ _____
CATECHIST CREDIT: If teaching a class, deduct 50% from total fees	\$ _____
	TOTAL DUE after discount = \$ _____
Make All checks payable to: St. Gregory the Great	(Family Maximum \$185.00)

PAYMENT OPTIONS (Please check one): ALL FEES ARE DUE IN FULL WITH REGISTRATION UNLESS SPECIAL ARRANGEMENTS HAVE BEEN MADE.

- I have included full payment with registration Special payment arrangements, please call 651.674.7382

Parish Office Use Only: Program Fee: _____ Amount Paid: _____ Date: _____

Circle: Cash or Check # _____ Received by: _____