St. Gregory the Great Parish Religious Education Program
5545 N. Paulina St., Chicago, IL 60640
773-561-3546

Registration for 2019-2020 School Year

Student Name:_____ **Birth Date:**_____

Current School:_____ **Grade: 1 2 3 4 5 6 7 8 9 10 11**

Address:_____

City, State, Zip_____ **Home Phone:**_____

Name of Father/Guardian:_____ **Religion:**_____

Primary Phone#: _____

Name of Mother/Guardian:_____ **Religion:**_____

Primary Phone#:_____ **E-mail address**_____

Please circle one: Child lives with Both Parents Father Mother Legal Guardian

Please check one for photo release: ☐ **Yes, you may use my child's picture in which they are not identified**

☐ **No, you may not use my child's picture**

Sacramental Info:

<u>BAPTISM:</u> ___**Yes** ___**No Church:**_____ **Date:**_____

IMPORTANT: (NEW STUDENTS) Copy of Baptismal Certificates must accompany registration forms.

<u>FIRST COMMUNION:</u> ___**Yes** ___**No Church:**_____ **Date:**_____

Has your child been previously enrolled in a religion class? ____**Yes** ___**No**

If yes, where?_____ **Last year attended:**_____

By signing, I (Parent/Guardian) confirm that the Registration information is correct.

_____

Parent/Guardian Signature **Date**

Please complete both sections of the Authorization form on the back of this registration form.