

PLEASE print legibly

Complete 1 form for EACH child

For Office use only

Reg. Fee _____ Ck# _____

of children in program _____

St. Gregory the Great Parish Religious Education Program

94 Broadway, Harrison, NY 10528

914-835-3685

stgregprep@gmail.com

Parish Envelope #: _____

Family Name: _____ Phone: _____

Address: _____ City/Zip: _____

Phone # you can be reached in an emergency: _____

Child's Name: _____ M/F DOB: _____

Grade in **September 2019**: _____ School: _____

Special Concerns/Needs: _____

(Please provide a copy of IEP or 504 if available)

***ALL NEW STUDENTS & 1st GRADERS ARE REQUIRED TO HAND IN A COPY OF THEIR BAPTISMAL RECORDS. PENANCE & COMMUNION RECORDS REQUIRED IF APPLICABLE.**

Mother's Name: _____ Maiden Name: _____ Marital Status: _____

Work Phone: _____ Cell phone: _____

Mother's email: _____ Religion: _____

Father's Name: _____ Religion: _____ Marital Status: _____

Work Phone: _____ Cell Phone: _____

Father's Email: _____

Emergency Contact Name: _____ Phone: _____
(other than parent)

In case of accident or illness, I request that the parish representative contact me. If I am unable to be reached, I hereby authorize this representative to make whatever arrangements seem necessary. I agree to assume financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to and authorize procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____

I acknowledge that we have read and understand what is outlined in the St. Gregory's PREP Parent/Student Handbook. We agree to comply with the terms including but not limited to student behavior, electronics, food and absences.

Student Signature: _____

Parent Signature: _____

I Do / Do NOT (circle one) authorize St. Gregory's to use photos of our child to post on our bulletin board and our secure website.

Parent Signature: _____

I give permission for my child to walk to St. Gregory's Church for Sacramental Practices, mass, or penance.

Parent Signature: _____

Parents of **5th & 6th Grade Students only**, please sign if you give permission for your child to be dismissed without a parent. St. Gregory's is not responsible for the safety of students once they have been dismissed from the classroom.

Child's Name: _____

Parent Signature: _____