



Registered Member of:

- _____ St. Gregory Parish
- _____ Holy Trinity Parish
- _____ Other _____
- _____ None

Please Print:

_____	_____	_____	_____
Family Name	Father	Mother	Maiden Name

_____	_____	_____
Address	City	Zip Code

_____	_____
Home Phone	Mom Cell

_____	_____
Email	Dad Cell

Second mailing address (if applicable)

_____	_____
Name	Relationship to Student

_____	_____	_____
Address	City	Zip Code

_____	_____
Email address	Phone

1.	_____	_____	_____
	Student's Name	Birthdate	Grade

2.	_____	_____	_____
	Student's Name	Birthdate	Grade

3.	_____	_____	_____
	Student's Name	Birthdate	Grade

4.	_____	_____	_____
	Student's Name	Birthdate	Grade

Additional Siblings at home:

Name _____	Age _____
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Name _____	Age _____
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2022 - 2023 Tuition

Registered Families of St. Gregory or Holy Trinity Parishes

\$55.00 per student (Not to exceed \$220.00) Students _____ X \$55.00 = _____

\$10.00 Additional Holy Eucharist and/or Confirmation Preparation
Students _____ X \$10.00 = _____

Registered Families of Other Parishes

\$65.00 per student Students _____ X \$65.00 = _____

\$10.00 Additional Holy Eucharist and/or Confirmation Preparation
Students _____ X \$10.00 = _____

Not Registered at Any Parish

\$75.00 per student Students _____ X \$75.00 = _____

\$10.00 Additional Holy Eucharist and/or Confirmation Preparation
Students _____ X \$10.00 = _____

Roncalli Students for Confirmation Prep Only Students _____ X \$30.00 = _____

TOTAL = _____

Office Use Only:

Cash _____ or Check Number _____

Emergency Authorization to St. Gregory Parish and Staff

In case of accident or serious illness, and I am unable to be reached, I hereby authorize the staff to call the physician listed below and to follow given instructions. If this physician is unable to be contacted, you may make whatever arrangements deemed necessary.

Signature of Parent or Guardian _____

Physician's Name _____ Phone _____

Allergies / Medical Conditions

Contact in Case of Emergency _____ Phone _____

Contact in Case of Emergency _____ Phone _____

Hold Harmless

I agree to indemnify and hold harmless St. Gregory Parish / Holy Trinity Parish from all loss, damages, liability or claims arising out of my name or use of the premise of the school/parish. I also agree to handle, respond to, investigate and defend any claim or alleged claim made against St. Gregory Parish arising out of my contact, while bearing all other costs and expenses related thereto. I also agree to respect the grounds in which this event is taking place.

Child(ren)'s
Name(s) _____

Parent's Signature _____ Date _____