



**2024 - 2025 Tuition**

**Registered Families of St. Gregory or Holy Trinity Parishes**

\$65.00 per student (Not to exceed \$260.00) Students \_\_\_\_\_ X \$65.00 = \_\_\_\_\_

\$15.00 Additional Holy Eucharist and/or Confirmation Preparation

**Parish of Baptism** \_\_\_\_\_ Students \_\_\_\_\_ X \$15.00 = \_\_\_\_\_

**Registered Families of Other Parishes**

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

\$15.00 Additional Holy Eucharist and/or Confirmation Preparation

**Parish of Baptism** \_\_\_\_\_ Students \_\_\_\_\_ X \$15.00 = \_\_\_\_\_

**Not Registered at Any Parish**

\$85.00 per student Students \_\_\_\_\_ X \$85.00 = \_\_\_\_\_

\$15.00 Additional Holy Eucharist and/or Confirmation Preparation

**Parish of Baptism** \_\_\_\_\_ Students \_\_\_\_\_ X \$15.00 = \_\_\_\_\_

**Roncalli Students for Confirmation Prep Only**

Students \_\_\_\_\_ X \$35.00 = \_\_\_\_\_

**Parish of Baptism** \_\_\_\_\_

**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 \_\_\_\_\_