



2025 - 2026 REGISTRATION

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 Parish & City of Baptism Grade

2. _____
Student's Name Birthdate Parish & City of Baptism Grade

3. _____
Student's Name Birthdate Parish & City of Baptism Grade

4. _____
Student's Name Birthdate Parish & City of Baptism Grade

5. _____
Student's Name Birthdate Parish & City of Baptism Grade

Additional Siblings at home:

Name _____ Age _____

Name _____ Age _____

2025 - 2026 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

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

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

Students _____ X \$15.00 = _____

Roncalli Students for Confirmation Prep Only

Students _____ X \$35.00 = _____

Parish & City of Baptism _____

TOTAL = _____

Office Use:

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 _____