3440 N. 18th Ave. • Phoenix, AZ. 85015  Phone: 602-266-9527 • www.stgphx.org

**St. Gregory Catholic Parish & School**

**Family & Faith Participation: ‘25-‘26 School Year**

One form per family per year

**Family Name** – Parents/Guardians (First and Last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **STG Student Name**  **(First and Last)** | **Grade Entering for the**  **‘25-‘26 School Year** |
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We have STG alumni members in our family: (Please list names and year graduated) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am registered at St. Gregory Catholic Parish
* I am not registered at St. Gregory Catholic Parish registered at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I am Non- Catholic. I understand that I will pay the full tuition rate. *(Do not complete the rest of the form – leave blank)*

By signing this form, I understand that in order to receive a discount, I am an actively participating Catholic.

Participation means firstly living the sacramental life Jesus has given us, especially the Mass on the Lord’s Day (“do this in memory of me”). It also includes our prayer and, when possible, sharing our time, talent, and treasure within our means.

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Parent/Guardian Signature Date

*This form can be completed in conjunction with a short check-in meeting with the Pastor or Associate Pastor. It is our sincere hope that this will be a help to further develop a deep connection between our pastors and families and all of us with our loving Lord.*

*Please contact the parish office (*[*parishemail@stgphx.org*](mailto:parishemail@stgphx.org)*) to schedule an appointment.*

*Early scheduling will be a great help.*

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**To be filled out by the pastor of the above listed parish.**

The above listed member of your parish is an actively participating parishioner of your Church.

Pastor’s Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pastor’s Signature Date