

## **Saint Gabriel the Archangel Catholic Church**

8755 Scarborough Drive, Colorado Springs, Colorado 80920 719-528-8407 www.saintgabriel.net

## You must be a registered parishioner of St. Gabriel for your child to be in class

Parent/Guardian:			Phone:		
	(Last)	(First)			
Parent/Guardian:			Phone:		
	(Last)	(First)			
Address:					
			(City)	(Zip)	
PARENTS Email:					
I would like to sign u	p for texts for com	nmunication: Y N	Phone number to use:		

## SAINTS IN TRAINING Youth Group Registration 2025-2026

Sunday 5:30pm - 7:00pm

Register before August 1<sup>st</sup> - \$55/per child add \$30 for confirmation prep year

Registration after August 1<sup>st</sup> - ADD a \$20 late fee per child

Grade DOB **Circle Sacraments** month/year 2025-2026 they have received **Allergies** Last Name First Name **Baptism** Y N Communion Confirmation Baptism Communion Y N Confirmation **Baptism** Communion Y N Confirmation

For office use only: Date registered: Amount paid: Cash/Check #
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