



OUR LADY OF GRACE CATHOLIC CHURCH
FAITH FORMATION REGISTRATION GRADES KINDERGARDEN TO 8TH

Today's Date _____ Parish Registration # _____

Child's Name _____

Date of Birth _____ Grade in upcoming school year _____

School _____

Has your child received these Sacraments?

Baptism Yes No When _____ Where _____

Reconciliation Yes No When _____ Where _____

Eucharist Yes No When _____ Where _____

Confirmation Yes No When _____ Where _____

Circle the grades your child has attended Faith Formation here at Our Lady of Grace

K 1 2 3 4 5 6 7 8

Other Catholic religious education:

Church/School _____ Grades _____

Please indicate below any learning disabilities, medical conditions or other issues which may require special attention during class sessions.

Family Name _____ Home Phone _____

Address _____

Father's Name _____ Religion _____

Cell Phone _____ email _____

Mother's Name _____ Religion _____

Cell Phone _____ email _____

OFFICE USE ONLY:

Amount Due _____ Check # _____ Class _____

Amount Paid _____ Balance _____ Room # _____

~~~~~ PLEASE COMPLETE BACK SIDE OF FORM ~~~~~

Child lives with:     \_\_Both Parents   \_\_Father   \_\_Mother   \_\_Other: \_\_\_\_\_

Who is responsible for this child's Mass attendance and practice of his/her religion?

\_\_\_\_\_

I prefer to receive email instead of U. S. Mail:   Yes    No    (please circle one)

Family email: \_\_\_\_\_

Any special family circumstances that may affect attendance at Mass or Faith Formation?

\_\_\_\_\_

\_\_\_\_\_

Are there any restrictions regarding adults who may not pick up the child from Faith Formation activities? If so, please provide those names.

\_\_\_\_\_

**IN CASE OF AN EMERGENCY** and in the event the parents or legal guardian cannot be reached, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_

**FAITH FORMATION FEES:**

One child                                 \$25.00

Two children                             \$45.00

Three or more children                \$55.00

*Please read and sign below:*

I understand my responsibility in helping my child \_\_\_\_\_ to learn and practice the Catholic Faith. I will bring him/her to all the Faith Formation functions (class, Mass and special activities) listed on the calendar. I will also review the classwork and prayers with them at home.

Signed \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Father/Guardian

Date \_\_\_\_\_ Mother/Guardian

6/26/19