



# Our Lady of Grace Roman Catholic Church

## Office of Faith Formation

700 Albin Avenue, West Babylon NY 11704  
631.661.9353 FaithFormation@OurLadyofGrace.net

### Faith Formation Registration

Payment for **ALL CLASSES** must be received in the Faith Formation Office **OR** postmarked by **July 15, 2026** to receive **Early Incentive Registration Fee of \$40.**

**\*After July 15, the Registration Fee will be \$85.**

Payments can be made by check, cash or WeShare.

**Tuition and all fees must be paid in full upon registration.**

<b>Family Registration Fee</b>	
Received by 7/15/26	\$40
Received After 7/15/26	\$85
<b>Tuition</b>	
1 child and/or class	- \$170
2 children or classes	- \$225
3 children or classes	- \$285
<b>Sacrament Fee</b>	
First Holy Communion	- \$50
Confirmation	- \$50

<i>FF Office use only:</i>	
Date reg. rec'd	_____
Tuition/Reg rec'd \$	_____
Sac Fee rec'd \$	_____
Volunteer Disc \$	_____
Date Bap Cert rec'd	_____
Legal Docs	_____
504/IEP	_____
Allergy Action Plan	_____

### **Volunteers needed** Please consider helping out by sharing your gifts!

Tuition discounted:

**(Catechists \$170 off-- Aides/Hall Monitors \$50 off)**

Would you consider being a Catechist **Y / N**  
or Hall Monitor? **Y / N**

Please note volunteers are required to undergo background checks and a class in protection for the safety of our children.

Family Last Name \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Best Contact (circle): Mom/Dad/Other \_\_\_\_\_ (circle): Cell/Home \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Are you new to Our Lady of Grace R.C.C. Parish? **Y/N**  
If no, has any of your information changed in the past year? **Y/N**

First Name of <b>child</b> Enter Last if different from above	Which School does this child attend?	Grade in School in Fall 2026	Faith Formation Level in Fall 2026 <i>FF Office use only</i>	Is this child new to program?
1.				
2.				
3.				
4.				

Does your child(ren) reside with both parents at above address **Y/N** If yes, go to next page

If no, does non-residential parent have legal access to the child? **Y/N** (If NO, please provide legal docs.)

Custodial parent (circle)one: **Mother / Father / Other** explain \_\_\_\_\_

If you would like a Courtesy Copy of emails sent to a parent/guardian not living with the child, please fill out:

Name \_\_\_\_\_ Email \_\_\_\_\_

**Please fill out other side of form**

**CLASS OPTIONS** - Although this is first come first serve, class placement will depend on the amount of teachers we have.

**Monthly Classes:**

**FORMATION LEVEL 1** - Would you prefer Parent/Child class on **Saturdays** or **Thursday afternoon**?  
Please circle above

**FORMATION LEVEL 7 AND 8** - Would you prefer your Parent /Child class on **Saturdays** or a **weeknight**?  
Please circle above

**Weekly classes:**

**FORMATION LEVELS - 2-6** - will be held weekly (Oct - Apr) as follows:  
Classes will be held **Monday, Wednesday & Thursday from 4:30 - 5:30 pm**  
**Monday from 6:30 - 7:30 pm**

Levels 2-6 - 1st choice: \_\_\_\_\_ Levels 2-6 - 2nd choice: \_\_\_\_\_

***\*If you have more than one child in our Faith Formation Program, your children will be assigned the same time session unless you request otherwise.***

Requests: \_\_\_\_\_  
\_\_\_\_\_

Please note that any past due assignments from previous years will result in a delay in your child's class placement for the 2026-2027 school year. All work must be completed to process registration.

**Allergies**

Does your child have any allergies? **Y/N**

If yes, please fill out and submit an Allergy Action Plan. Forms are available in the Faith Formation office OR can be downloaded from the OLOG website. We MUST have a copy of this in our office. No EPI Pen will be accepted without it.

**Medical Conditions**

Does your child have medical conditions which affect their learning? **Y/N**

If yes, please supply a 504 so we may better accommodate your child's needs.

**Special Needs**

Does your child have special education needs? **Y/N**

If yes, please supply an IEP so we may better accommodate your child's needs.

**CHILD SAFETY PRESENTATION:** I understand that my child is required to complete child safety training each year when enrolled in the Faith Formation Program. Training will either be completed at home or at OLOG. I also understand that I am welcome to attend these sessions with my child. **Presentations are given in All Levels.**

Parent/Guardian Full Name (printed) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Authorization to Act:** I give Our Lady of Grace Parish and its agents permission to act for the well being of my child(ren) in an emergency.

Parent/Guardian Full Name (printed) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_