



Our Lady of Grace Roman Catholic Church

Office of Faith Formation
700 Albin Avenue, West Babylon NY 11704
faithformation@ourladyofgrace.net

<i>FF Office use only:</i>	
Registration rec'd _____	
Tuition rec'd _____	
Volunteer Disc _____	
Legal Docs _____	
504/IEP _____	
Allergy Action Plan _____	

SPECIAL NEEDS Faith Formation Registration 2026/2027

FEE FOR STUDENTS IN OUR SPECIAL ED PROGRAM IS \$ 25.00

Registrations for **ALL CLASSES** must be received or postmarked by **September 1, 2026!**
Please include Tuition Fee with form.

Family Last Name _____ Date: _____

Parents/Guardians: _____ Mother's Maiden Name _____

Address: _____

Best Phone # Cell/Home (please circle) _____ Contact: Mom/Dad/Other (please circle)

Email: _____ 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 child Enter Last name if different from above	School child attends	Grade in School in Fall 2026	Is this child new to program?	Sacraments Received <small>(if from another Parish, must supply certificates)</small>		
				Baptism	Reconciliation	FHC
1.						
2.						
3.						
4.						

Does child reside with both parents at above address **Y/N**

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 pages 2-4

PHOTO RELEASE for children listed on page one of registration

I hereby grant permission to Our Lady of Grace without reservation, the right and permission to take and use photographs and recordings of my child or children to be used in bulletins, websites and other promotional media solely for the promotion of parish ministries. I release Our Lady of Grace Church, The Diocese of Rockville Centre and the Bishop thereof, officers, employees and agents from all claims now and in the future.

I do not give permission for photos to be taken by Our Lady of Grace.

Parent/Guardian signature _____

Would you be interested in sharing your gifts as a Catechist **Y / N**

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

**** Tuition is reduced \$25 for Catechists ****

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 an IEP? **Y/N**

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

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

Please fill out pages 3 & 4

Our Lady of Grace Faith Formation for Students with Special Needs

Date: _____

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Home Phone: _____

Does your child have an IEP? **Y/N** or 504? **Y/N** Cell Phone: _____

Information that will help us work with your child:

Does your child have a diagnosis: _____

Please comment on the effect of disability on your child: _____

Does your child like to be with others? **Y/N**

Does he/she like to participate in a group? **Y/N**

Would a one-on-one class be better? **Y/N**

What reinforces do you use with your child? (Praise, food, stickers, etc.) _____

Token? _____

How does your child communicate: (pecs, visual prompts, verbal prompts, very verbal)

Does your child have any stims: verbal i.e. video talk or singing or physical i.e. flapping?

(please turn over)

Behaviors:

Attention span: _____

How do you address behaviors: _____

Is there a behavior plan that you would like followed? _____

School Placement: No. of students in class: _____ No. of teachers _____

No. of aides _____

Is your child a visual or auditory learner: _____

Reading level/learning level (grade equivalent) _____

Do you have a home therapist that will be shadowing _____

Is your child on medication? **Y/N** if yes, please list _____

Does your child have food allergies or restrictions? **Y/N** if yes, please list _____

Has your child received any previous religious instruction? **Y/N**

If yes, where? _____

Do you know someone who would like to volunteer to work with our children with special needs? (adult or student in 8th grade or above) **Y/N** _____