



# Our Lady of Grace Roman Catholic Church

**Office of Faith Formation**  
700 Albin Avenue, West Babylon NY 11704

## Faith Formation Registration

Registrations for **ALL CLASSES** must be received in the Faith Formation Office **OR** postmarked by **August 1, 2018** to receive **EARLY INCENTIVE!** Registration is \$80.00. Payments can be made by check, cash or WeShare confirmation receipt. Early Incentive reduces Registration Fee to \$40.00 if received by August 1st. Please include Registration Fee with form. All previous balances must be paid before registration is processed.

Registration Fee: Early Incentive by 8/1/18 \$40.00 - After 8/1/18 \$80.00 Tuition Fee: 1 child and/or class - \$160 2 children or classes - \$215 3 children or classes - \$275
Date Received _____
Registration Payment Received _____
Tuition Received _____

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

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

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell#: \_\_\_\_\_ Mom/Dad      Work# \_\_\_\_\_ Mom/Dad

**Best # to reach you at:** \_\_\_\_\_ Email: \_\_\_\_\_

Name of <b>child</b> Please provide First and Last	Which School does this child attend?	Grade in School in Fall 2018	Faith Formation Level in Fall 2018 <i>FF Office use only</i>	Is this child new to program?
1.				
2.				
3.				
4.				

Does child reside with : both parents at above address \_\_\_\_\_ ; M or F as custodial parent ; Other (please explain) \_\_\_\_\_

If the child does not live with both parents, does the parent not living with the child have legal access to the child?  
Y \_\_\_ N \_\_\_ (If NO, please provide legal documentation) ALSO - SEE PG. 2 concerning Courtesy Copies

Does your child have any allergies? Y/N If yes, please fill out and provide an Allergy Action Plan sheet. We MUST have a copy of this in our office. No EPI Pen will be accepted without it. Allergy Action Plan forms are available in the Faith Formation office OR can be downloaded from the OLOG website.

Does your child have any other medical problems or special education needs? Y/N  
We'd like to follow any modifications the student needs. Please supply an IEP.

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 signature

\_\_\_\_\_  
Date

Emergency Contact Name (other than parents/guardians) \_\_\_\_\_  
Phone \_\_\_\_\_

**FORMATION LEVELS 3, 4 AND 5** will be held weekly (Oct - Apr) as follows:

**West Bab. District students:** MONDAY afternoons 4:30 to 5:45 **OR** THURSDAY afternoons 4:30 to 5:45

**All Other Districts:** WEDNESDAY afternoons 4:30 to 5:45 **OR** THURSDAY afternoons 4:30 to 5:45

**All Districts:** Wednesday Evening 6:30 to 7:45

I would like my child(ren) in the **Afternoon** session on \_\_\_\_\_ (day of week)

**Or** the **Evening** session on Wednesday for all districts.

**NOTE: Your choice of session is dependent upon having enough space and catechists.**

**Once classes are filled we WILL NOT add more students.**

**Your children will be assigned the same time session unless you request otherwise.**

Notations: \_\_\_\_\_

**For students in Level 3 and 4 Only**

**PICK UP INFORMATION**

Only those authorized below (**in addition to parents**) may pick up my children:

1. \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Phone # \_\_\_\_\_
3. \_\_\_\_\_ Phone # \_\_\_\_\_

Would you like a Courtesy Copy of mailings sent to a parent or guardian not living with the child?

Name \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_ Email \_\_\_\_\_

**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 name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Would you be interested in sharing your gifts as a Catechist **Y / N** or Hall Monitor? **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 for volunteers (\$25 for Catechists and \$10 for Hall Monitors)