



Our Lady of Grace Roman Catholic Church

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

Date Received _____
Tuition Received _____

SPECIAL NEEDS Faith Formation Registration

NOTE: FEE FOR STUDENTS IN OUR SPECIAL ED PROGRAM - \$ 25.00

Registrations for **ALL CLASSES** must be received or postmarked by **August 1, 2019!**
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 # _____

Name of child Please provide First and Last	Which School does this child attend?	Grade in School in Fall 2019	Faith Formation Level in Fall 2019	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? 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. 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? 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 _____

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

Name _____ Address _____

Town _____ email _____

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 for volunteers (\$25 for Catechists)

Important notice!

If money is owed from a previous year(s), monies paid will automatically go to the previous balance. No one will be registered or placed in classes until balances are settled. Please call our office with questions about your bill.

Please initial _____ Date _____

Our Lady of Grace Faith Formation for Students with Special Needs

Date: _____

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Home Phone: _____

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? _____ Does he/she like to participate in a group? _____ Would a one-on-one class be better? _____

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?

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: _____

Does your child have food allergies or restrictions: _____

Has your child received any previous religious instruction? _____

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)
