



**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 **September 1, 2020** to receive **EARLY INCENTIVE!**

Payments can be made by check, cash or WeShare confirmation receipt. Family registration is \$80.00. **Early Incentive reduces Registration Fee to \$40.00 if received by September 1st.**

Please include Registration Fee with form.

Family Last Name \_\_\_\_\_ Date: \_\_\_\_\_  
 Parents/Guardians: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_  
 Best Phone # Cell/Home (please circle) \_\_\_\_\_ Contact: Mom/Dad/Other (please circle) \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

<u>Family Registration Fee</u> Early Incentive By 9/1/20 \$40.00 After 9/1/20 \$80.00 <u>Tuition Fee</u> 1 child and/or class - \$160 2 children or classes - \$215 3 children or classes - \$275 <u>Sacrament Fee</u> First Holy Communion - \$25 Confirmation - \$25
Date Received _____
Registration Payment Received _____
Tuition Received _____
Sacrament Payment Received _____

Name of <b>child</b> Please provide First and Last	Which School does this child attend?	Grade in School in Fall 2020	Faith Formation Level in Fall 2020 <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)

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

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

Address \_\_\_\_\_

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

**Please also fill out page 2**

**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** Wednesday Evening 6:45 to 8:00

**All Other Districts:** WEDNESDAY afternoons 4:30 to 5:45 **OR** Wednesday Evening 6:45 to 8:00

Please **circle** the day and time you would like.

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

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

**CHILD SAFETY PRESENTATION:** I understand that my child will receive training in child safety each year my child is enrolled in the Religious Education Program at Our Lady of Grace in West Babylon, NY. I also understand that I am welcome to attend these sessions with my child. Presentations are given in Levels 1 through 6. I agree to read the book handed out at the parent meeting and discuss the topics in the book with my child.

Parent's Full Name (printed) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**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** 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) \*\***

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