



Our Lady of Grace Roman Catholic Church

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

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 **September 1, 2020!**
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	School child attends	Grade in School in Fall 2020	Is this child new to program?	Sacraments Received (if from another Parish, must supply certificates)		
				Baptism	Reconciliation	FHC
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 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.

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) ****

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

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)
