



# 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, 2021!**  
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 <b>child</b> Please provide First and Last	School child attends	Grade in School in Fall 2021	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 \_\_\_\_\_ ; 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 8<sup>th</sup> grade or above)

\_\_\_\_\_