



Our Lady of Grace Roman Catholic Church
Office of Faith Formation
 700 Albin Avenue, West Babylon NY 11704

Faith Formation Registration

Payment for **ALL CLASSES** must be received in the Faith Formation Office **OR** postmarked by **July 15, 2021** to receive **BONUS OF FREE REGISTRATION!** The year must be paid in full upon registration.

Payments can be made by check, cash or WeShare confirmation receipt. **Early Incentive reduces Registration Fee to \$40.00 if received between 7/16 and 8/15/21. After 8/15, regular Registration Fee of \$80.00 will apply.**

<u>Family Registration Fee</u> Early Incentive by 7/15/21 no fee Between 7/16—8/15 \$40.00 After 8/15/21 \$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
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Date Received _____
Registration Payment Received _____
Tuition Received _____
Sacrament Payment Received _____

Please put a check here _____ if any of your information has changed in the past year. Thank you.

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 # _____

Name of child Please provide First and Last	Which School does this child attend?	Grade in School in Fall 2021	Faith Formation Level in Fall 2021 <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)

Please also fill out and sign other side of form

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 6:30 to 8:00

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

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.*

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 _____

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