



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, 2022 to receive Early Incentive Registration Fee of \$40. After 7/15, regular Registration Fee of \$80.00 will apply.**

The year, including tuition, must be paid in full upon registration.

Payments can be made by check, cash or WeShare confirmation receipt.

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

Family Registration Fee
Early Incentive by 7/15/22 \$40.00
After 7/15/22 \$80.00
Tuition Fee
1 child and/or class - \$165
2 children or classes - \$220
3 children or classes - \$280
Sacrament Fee
First Holy Communion - \$25
Confirmation - \$25

Date Received _____
Registration Payment Received _____
Tuition Received _____
Sacrament Payment Received _____

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 2022	Faith Formation Level in Fall 2022 <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)

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 _____

Please also fill out other side of form

CLASS OPTIONS - Although this is first come first serve, class placement will depend on the amount of teachers we have.

FORMATION LEVEL 1 - Would you prefer Parent/Child class on Saturdays or Thursday afternoon?
Please circle above

FORMATION LEVEL 7 AND 8 - Would you prefer your Parent /Child class on Saturdays or a weeknight?
Please circle above

FORMATION LEVELS - 2, 3, 4, 5 AND 6 - will be held weekly (Oct - Apr) as follows:

**Classes will be held Monday, Wednesday & Thursday from 4:30 - 5:30 pm
and Wednesday from 6:30 - 7:30 pm**

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

Levels 2-6 - 1st choice: _____ **Levels 2-6** - 2nd choice: _____

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.**

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 (\$50 for Catechists and \$20 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/Zip _____ Email _____