

**OUR LADY OF GRACE PARISH
SCHOOL OF RELIGION
2015-2016 REGISTRATION FORM**

Fee enclosed: \$ _____

Date of Registration: _____

Check #: _____ Cash: _____

Changes from previous year:

Fee schedule:

_____ a new parishioner

Registered by April 30, 2015

_____ a new address

_____ \$30.00 per child/\$60.00 family maximum

_____ a new phone number

Registered after May 1, 2015

_____ \$35.00 per child

PLEASE PRINT THE FOLLOWING INFORMATION:

Family's last name: _____ Phone #: _____

e-mail address: _____ cell #: _____

Father's name: _____ Mother's name (include maiden name): _____

Address: _____ Town: _____ Zip: _____

Please list all children of school age. Include children who will be attending Catholic school.

| Child's first and last name | School and grade as of 9/1/15 | Special needs | Grade in Rel. Ed. program |
|-----------------------------|-------------------------------|---------------|---------------------------|
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**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR STUDENTS
ENROLLING IN THE PROGRAM FOR THE FIRST TIME.**

**If your child was Baptized at Our Lady of Grace Church you will not need to provide a
Baptismal Certificate. All other new students must provide a certificate.**

All certificates will be photocopied and returned.

Child's name: _____ Date of birth: _____

Church of Baptism: _____ City/Town: _____ Date: _____

1st Penance: ___ no ___ yes Church: _____ City/Town: _____ Date: _____

1st Communion: ___ no ___ yes Church: _____ City/Town: _____ Date: _____

Child's name: _____ Date of birth: _____

Church of Baptism: _____ City/Town: _____ Date: _____

1st Penance: ___ no ___ yes Church: _____ City/Town: _____ Date: _____

1st Communion: ___ no ___ yes Church: _____ City/Town: _____ Date: _____