

**FOR OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_  
PAYMENT: \_\_\_\_\_  
METHOD: \_\_\_\_\_  
MEDICAL FORM: \_\_\_\_\_

**OLG Evangelization  
Faith Formation Program  
Registration 2022 – 2023**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Church of Baptism \_\_\_\_\_

Please select which class you are registering your student for:

**First Communion Year 1 – This class is for students beginning their First Communion.**

**First Communion Year 2 - (Note: Student must be in 2<sup>nd</sup> Grade and Completed One Year of Religious Ed)**

Completed 1<sup>st</sup> year of study at which Parish \_\_\_\_\_

**Whole Family Faith Formation – This class is for students who have completed their First Communion.**

**Confirmation - Grades 9-12 (Note: Confirmation Preparation is a 2-year program.)**

Select - **1<sup>st</sup> Year/2<sup>nd</sup> Year** Completed 1<sup>st</sup> year at which Parish \_\_\_\_\_

Our family understands that ALL Sacrament Preparation activities are required.

We will follow the program rules and understand the guidelines regarding missed gatherings. In case of emergency, I will contact the Evangelization Office to make them aware of an absence.

**First Communion Year 2 and 2nd Year Confirmation Class**

Attached is a copy of my child's baptismal certificate.

I will submit a copy of my child's baptism certificate no later than **10/01/2022**.

All students must submit a copy of their baptismal certificate prior to receiving sacraments. Baptismal certificates can be obtained by contacting the parish where the baptism took place.

Does your child have or subject to any of the below (check if yes):

Food Allergies (list below)  Fainting Spell  Allergies  Heart Trouble  Menstrual Problems

Diabetes  Visual Difficulties  Digestion Difficulties  Asthma

Ear, Nose and Throat Problems  Sports Restrictions (if yes, explain)

Other (Please specify) \_\_\_\_\_

**Registration Fee:** \$120.00 per child and for each additional sibling in the family is \$60.00. In addition, parents will be encouraged to purchase \$100.00 monthly in the Scrip Program. This assists us in keeping our program affordable.

Early Bird Discount of \$20.00 given if registered by June 1, 2022. If registered after October 1, there will be a late fee of \$20.00. If there is a problem in paying the fee, we welcome you to call the Parish Office at 510-537-0806 & discuss the matter with Father Tom.

# Our Lady of Grace Evangelization

## Emergency Information

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

In case of emergency, do you want medical care given to your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If you do not want medical care given to your child, please state reason: \_\_\_\_\_

\_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's *MAIDEN* Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Primary language spoken at home. \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other: \_\_\_\_\_

**Additional Emergency contact must be SOMEONE OTHER THAN PARENTS!**

1. Name, Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

2. Name, Relationship: \_\_\_\_\_  
Phone#: \_\_\_\_\_

I, parent/guardian of the named student give my permission for his/her participation in all Religious Education/Youth Ministry activities. I agree to direct my child to cooperate and conform to the directions and instructions of Religious Education/Youth Ministry personnel responsible for said activities.

I agree that in the event that my child is injured as a result of his/her participation in Religious Education/Youth Ministry activities, including transportation to and from these activities, whether or not caused by the negligence of the parish Religious Education/Youth Ministry program, and of its agents and employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against an accident, hospital, or medical insurance, or any available benefit on mine.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_