

Our Lady of Grace Faith Formation
Registration Form 2017-2018
Grades, 1-8

Family Last Name _____ Home Phone # _____

Street Address _____ City/State _____ Zip _____

Father _____

Mother _____

Parent's Name

Religion

Cell Phone #

Email

Child's Name	M/F	School	Grade	Baptism Date	First Communion Date	Comment: Identify any health issues (allergies, disabilities, medications)

Marital Status M D S W (circle one)
 (Married, Divorced/Separated, Single, Widowed)

Child lives with: Mother _____ Father _____ Both _____

I give permission for my child to be photographed. These pictures may be used in publications or on OLOG social Media. No identifying information will be used: Initial _____

Are you interested in volunteering? Yes No If yes, please circle one Catechist, Assistant Catechist, Hall Monitor

Please indicate which session you are signing up for: Wednesday's at 4:00 p.m. or Wednesday's at 6:30 p.m.

