

Our Lady of Grace Faith Formation Sign-Up Form

Registration # _____

Today's Date: _____

FAMILY INFORMATION

1. Head of Household: _____ Lives with Child? Yes / No
(Last) (First) (Maiden)

2. Spouse of Head of Household: _____ Lives with Child? Yes / No
(Last) (First) (Maiden)

Name of Step-parent living with child(ren) if applicable: _____

Address: _____
(Street, Apt #)

_____ E-mail: _____
(City) (Zip)

Home Phone: _____ Cell Phone: _____

Work Phone of 1 above: _____ Work Phone of 2 above: _____

Emergency Contact Name: _____

Relation to Family: _____ Phone #: _____

FAITH FORMATION AND SACRAMENTAL PREPARATION SIGN-UP AREA

Please write **first and last name** for each person signing up for Faith Formation/Sacramental Preparation. If the person is also in need of celebrating a sacrament, please specify which sacrament (*First Reconciliation / First Communion—2nd grade and above; Confirmation—8th grade and above; Baptismal Catechumenate—7 years old to adulthood*). Indicate Date of Birth and Grade for children and youth. Families attending faith formation must be registered in the church and attend Mass on a weekly basis.

1. _____ M/F Date of Birth: _____ Grade: _____

Has this person been: Baptized Yes / No Received First Communion Yes / No Received Confirmation Yes / No

Medical Conditions/Allergies/Dietary Needs: _____

Are you signing up this person to celebrate a Sacrament? Yes No If YES, please check all that apply:

Baptism First Reconciliation/First Communion Confirmation Baptismal Catechumenate

2. _____ M/F Date of Birth: _____ Grade: _____

Has this person been: Baptized Yes / No Received First Communion Yes / No Received Confirmation Yes / No

Medical Conditions/Allergies/Dietary Needs: _____

Are you signing up this person to celebrate a Sacrament? Yes No If YES, please check all that apply:

Baptism First Reconciliation/First Communion Confirmation Baptismal Catechumenate

3. _____ M/F Date of Birth: _____ Grade: _____

Has this person been: Baptized Yes / No Received First Communion Yes / No Received Confirmation Yes / No

Medical Conditions/Allergies/Dietary Needs: _____

Are you signing up this person to celebrate a Sacrament? Yes No If YES, please check all that apply:

Baptism First Reconciliation/First Communion Confirmation Baptismal Catechumenate

4. _____ M/F Date of Birth: _____ Grade: _____

Has this person been: Baptized Yes / No Received First Communion Yes / No Received Confirmation Yes / No

Medical Conditions/Allergies/Dietary Needs: _____

Are you signing up this person to celebrate a Sacrament? Yes No If YES, please check all that apply:

Baptism First Reconciliation/First Communion Confirmation Baptismal Catechumenate

PAYMENT OF ANNUAL FEES

Fees cover all materials/copies for children, parents/guardians, youth, and adults. No one is excluded for inability to pay the fees. If you need to make arrangements for the payment of fees, please contact Theresa Wood, Director of Religious Education, at 321-725-3066.

Fees are as follows; please circle as applicable:

Children Kindergarten through 12th grade (including parents/guardians) and adults

\$50—one child/youth/adult **\$75**—two children/youth/adults **\$95**—three plus children/youth/adults

Sacramental Preparation (In addition to above fee)

\$10— one child/youth/adult **\$15**— two children/youth/adults **\$20**— three plus children/youth/adults

My total fee is \$_____. I would like to pay as follows (please check one):

- Total payment enclosed.
- Partial payment of \$_____ is enclosed. Invoice me quarterly for the remainder.
- Will pay in monthly or quarterly installments (Invoices will be sent quarterly)

(Please make check payable to Our Lady of Grace.)

PLEASE DO NOT WRITE IN THIS SPACE

Office Use ONLY:

Date form Processed: _____

Fee Paid: _____ **Check #** _____ **Cash** _____ **Date** _____

Received By: _____ **Balance:** _____ **Invoice mailed:** _____ **Balance paid:** _____

Comments: _____