Our Lady of Grace		TH FORMATION / YOUTH MINISTRIES ENROLLMENT FORM y and complete all information on BOTH sides of this form]				
maculate onception	Saint Joseph's					
	FAMILY LAST NAME					
	MAILING ADDRESS					
		Street City Zip Code				
	BEST CONTACT PHO	NE:				
	EMAIL ADDRESS					
	WHICH PARISH ARE YOU REGISTERED AT?					
	\Box IC \Box OLG \Box SJ \Box N	None \Box Other				
FATHER'S I	NFORMATION	MOTHER'S INFORMATION				
Name:		Name:				
Cell Phone:						
Work Phone:						
Religion:		Work Phone:				
		Religion:				
MARITAL STA	TUS: Married Single _	Divorced Widowed				
EMERG	ENCY INFORMATION - H	Please list someone OTHER than a parent/guardian				
	mpt to contact a parent first, b n, please contact the following	but in the event of an emergency and we are unable to contact:				
Name:		Relationship to Child:				
Home Phone:	Cell Phor	ne: Work Phone:				
	FE	ES & CONSENT				
Please circle appr PERMISSION Evangelization and C participating in onlir Roman Catholic Dio permission for my c	ropriate amount and indicate Please Note: Payment & RELEASE: I grant permission Catechesis Team that are held on the ne/virtual sessions as scheduled if the procese of Albany are not liable for acc	is due with registration. Thank you. n for my child(ren) to participate in all activities scheduled by the grounds of our three parishes. I also consent to my child(ren) e need arises. I understand that the Parishes, Parish Employees and the cidents or injuries which occur on the premises. I specifically grant isplay and use within the parishes on bulletin boards, in the weekly				
PARENT SIGN	ATURE:	DATE:				
	Forms can not be accept	ted without parent/guardian signature.				

STUDENT(S) INFORMATION							
CHILD'S NAME		GRADE IN 2021-2022	_SCHOOL DIST	RICT			
□ Male □ Female	DATE OF BIRTH CITY & STATE OF BIRTH						
Date of Baptism:							
Does this child have any allergies or medications we should be aware of? □ Yes □ No If yes, please specify:							
Please share anything you feel we should know about your child to help us make their FF/YM experience the best possible (special needs, IEP information, social/emotional needs, etc). This information will be kept in strict confidence and shared only with catechists as needed.							
CHILD'S NAME _		GRADE IN 2021-2022	_SCHOOL DIST	RICT			
□ Male □ Female	DATE OF BIRTH	CITY & STATE	OF BIRTH				
Date of Baptism:							
Does this child have any allergies or medications we should be aware of? □ Yes □ No If yes, please specify:							
Please share anything you feel we should know about your child to help us make their FF/YM experience the best possible (special needs, IEP information, social/emotional needs, etc). This information will be kept in strict confidence and shared only with catechists as needed.							
CHILD'S NAME		GRADE IN 2021-2022	_SCHOOL DIST	RICT			
\Box Male \Box Female	□ Male □ Female DATE OF BIRTH CITY & STATE OF BIRTH						
Date of Baptism:							
Does this child have any allergies or medications we should be aware of? □ Yes □ No If yes, please specify:							
Please share anything you feel we should know about your child to help us make their FF/YM experience the best possible (special needs, IEP information, social/emotional needs, etc). This information will be kept in strict confidence and shared only with catechists as needed.							
Please indicate	e if you are interested in volu Grade Level) Liturgy of the Word	LVEMENT with the children and teens in inteering in any of the following Substitute catechist as needed Office Volunteer YM ntact you via email as needed	ng areas:	For Office Use Only: Date Rec'd: Payment: Cash Or Check # Bapt. Cert: PDS Data Updated Enrolled			
	ation, a standard code of con-	o come in contact with youth a duct, safe environment trainin		Added to Session PR Card Updated Family Folder			