Our Lady of Grace

2022-2023 FAITH FORMATION / YOUTH MINISTRIES NEW FAMILY ENROLLMENT FORM

[Please PRINT clearly and complete all information on BOTH sides of this form]

Immaculate Conception



Saint Joseph's

	FAMILY LAST NAME					
	MAILING ADDRESS					
	;	Street	City	Zip Code		
	BEST CONTACT PHONE: _			□ Home □ Cell		
	EMAIL ADDRESS					
		WHICH PARISH ARE YOU REGISTERED AT?				
	□ IC □ OLG □ SJ □ None □	□ Other				
FATHER'S INFORMATION		MOTHER'S INFORMATION				
Name:		Name:				
Cell Phone:						
Work Phone:						
Religion:						
MARITAL STA	ATUS: Married Single					
EMER	GENCY INFORMATION – Please	e list someone O	THER than a	a parent/guardian		
We will also attempt to contact a parent first, but in the event of an emergency and we are unable to contact a parent/guardian, please contact the following:						
Name:		Relationship to Child:				
	Cell Phone:					
FEES & CONSENT						
Tuition for 2022-2023 is \$65.00 for one child - \$125.00 for two - \$175.00 for three or more children. Please circle appropriate amount and indicate Check or Cash Please Note: Payment is due with registration. Thank you. PERMISSION & RELEASE: I grant permission for my child(ren) to participate in all activities scheduled by the Evangelization and Catechesis Team that are held on the grounds of our three parishes. I also consent to my child(ren) participating in online/virtual sessions as scheduled. I understand that the Parishes, Parish Employees and the Roman Catholic Diocese of Albany are not liable for accidents or injuries which occur on the premises. I specifically grant permission for my child(ren) to be photographed for display and use within the parishes on bulletin boards, in the weekly bulletins and on the parish websites and Facebook pages.						
PARENT SIGNATURE: DATE: Forms can not be accepted without parent/guardian signature.						
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STUDENT(S) INFORMATION					
CHILD'S NAME	GRADE IN 2022-2023	SCHOOL DISTRICT			
☐ Male ☐ Female DATE OF BIRTH	CITY & STATE O	OF BIRTH			
Date of Baptism: Church where Baptized (incl City/State) A copy of the child's baptismal certificate must be on file. Please include a copy if this is the first time you are enrolling.					
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.					
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We appreciate you sharing your time as	T INVOLVEMENT nd talent with the children and teens in c d in volunteering in any of the following	g areas: Payment:			
Catechist (Grade Level) Children's Liturgy of the Word Baking for various events – we	Substitute catechist as needed Office Volunteer YM will contact you via email as needed	Cash Or Check # Bapt. Cert: PDS Data Updated			

For the safety of our children all volunteers who come in contact with youth are required to complete an application, a standard code of conduct, safe environment training and

background checks.

Added to Session ______
PR Card Updated ______

Family Folder ____