

**OUR LADY OF GRACE CHURCH**  
**RELIGIOUS EDUCATION REGISTRATION FORM**  
**2026–2027 SCHOOL YEAR**

**Student Information**

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Religious Education Grade Last Completed: \_\_\_\_\_

Has the student previously attended Religious Education?  Yes  No

If yes, Parish Name: \_\_\_\_\_

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**Parent / Guardian Information**

Parent/Guardian #1 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Sacramental Information**

**Baptism**

Baptized Catholic

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

City/State: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

(Please attach a copy of the Baptism Certificate if not baptized at Our Lady of Grace.)

**First Penance**

Received  Not Received

**First Holy Communion**

Received  Not Received

Church: \_\_\_\_\_

Date: \_\_\_\_\_

**Confirmation**

Received  Not Received

Church: \_\_\_\_\_

Date: \_\_\_\_\_

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**Medical / Special Needs Information**

Does your child have any allergies, medical conditions, learning needs, or special accommodations that we should be aware of?

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**Family Information**

Are you registered parishioners of Our Lady of Grace Church?

Yes  No

Do you regularly attend Sunday Mass?

Yes  No

Preferred Mass Time: \_\_\_\_\_

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## Parent Agreement

I understand that Faith Formation is a continuous process and that regular attendance is expected. I agree to support my child's religious education by ensuring regular attendance, participation in Sunday Mass, completion of assignments, and respectful behavior.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Office Use Only

Date Registered: \_\_\_\_\_

Grade Assigned: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Notes:

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Registrar Signature: \_\_\_\_\_