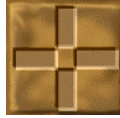


*Our Lady of Grace
Religious Education
3433 Somerset Avenue
Castro Valley, CA 94546*



*Office telephone: 510-582-9266
e-mail:
olgrec@sbcglobal.net*

21 April 2008

Greetings, Religious Education Family!

It's hard to believe that we have come to the end of another year. Time has gone by very fast. We did have fun while we learned! The catechists and staff enjoyed learning along with your families and look forward to continuing the journey next year.

Enclosed is the registration form for 2008-2009. Please take a few minutes to look it over. In an effort to help you complete paperwork quickly and easily, we will only collect **ONE FORM PER FAMILY**. We are also trying something new: email! If you are reading this as an email attachment, you will need to print the registration form AND the emergency form and return both forms completed. If you received this in the regular mail, please complete BOTH sides before returning.

All students in your family should be listed on this form. Please check the box or boxes at the bottom of the form to indicate which class you are registering for.

Early bird pricing will be in effect until May 31. Register now and save \$15.00! Please note: payment plans are available.

Thanks again for your continued support of your children and the Religious Education program. Don't forget: VBS will be July 28 through August 1. Registration starts in May.

Have a safe and peace-filled summer!

Mrs. Lang

*Our Lady of Grace Religious Education
Registration Form*

2008-2009

Family Last Name		
Address	City	Zip
Family Email	Home Phone	

Mother _____ Religion _____ Work Phone _____ Cell Phone _____
 Address if different _____ Occupation _____

Father _____ Religion _____ Work Phone _____ Cell Phone _____
 Address if different _____ Occupation _____

Is your family registered with the Parish Office? Yes No

Emergency contact must be OTHER THAN PARENT!

Emergency Contact: _____ Relationship _____ Phone: _____

1) Child's Full Name (as on birth/bapitsmal Certificate) _____

Gender (circle) : M F Birthdate: _____ Birthplace: _____

Name of school: _____ Grade fall of '08: _____ Previous Religious Ed? Yes No Where _____

Circle which sacraments have been received: Baptism (attach a copy) 1st Reconciliation 1st Communion

2) Child's Full Name (as on birth/bapitsmal Certificate) _____

Gender (circle) : M F Birthdate: _____ Birthplace: _____

Name of school: _____ Grade fall of '08: _____ Previous Religious Ed? Yes No Where _____

Circle which sacraments have been received: Baptism (attach a copy) 1st Reconciliation 1st Communion

3) Child's Full Name (as on birth/bapitsmal Certificate) _____

Gender (circle) : M F Birthdate: _____ Birthplace: _____

Name of school: _____ Grade fall of '08: _____ Previous Religious Ed? Yes No Where _____

Circle which sacraments have been received: Baptism (attach a copy) 1st Reconciliation 1st Communion

Check which block of time you would prefer (note: some classes are Sunday only)

Schedule	K – 5	6 – 8	Sacrament Prep 2 nd year (Gr 3 & up)
Tuesday 3:45-5:00		XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Sunday 10:30 – 11:45			

Fees: 1 child \$75 2 children \$120 3 children \$150 NOTE: \$15 discount before June 1
 Full or partial payment of total fees is due upon registration. The remaining balance is due by 9-30-08.

Office Use Only				
Date Rec'd	Amount	Cash	Check #	Date entered

**Our Lady of Grace Religious Education
Emergency Information**

MUST BE COMPLETED BY PARENT OR GUARDIAN

Student name _____ **Grade** _____

1) _____

2) _____

3) _____

I, the parent/guardian of the above named students give my permission for his/her participation in any and all Religious Education/Youth Ministry activities. I agree to direct my child to cooperate and conform with directions and instructions of Religious Education/Youth Ministry personnel responsible for said activities.

I agree that in the event that my child is injured as a result of his/her participation in Religious Education/Youth Ministry activities, including transportation to and from these activities, whether or not caused by the negligence of the parish Religious Education/Youth Ministry program, any of its agents and employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit of mine.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Does your child have or is s/he subject to (check if yes, write name):

_____ Asthma _____ Fainting Spell _____ Allergies
_____ Heart Trouble _____ Menstrual Problems _____ Diabetes
_____ Visual Difficulties _____ Digestion Difficulties _____ Food allergies (Please list)
_____ Ear, Nose and Throat Problems
_____ Sports Restrictions (if yes, explain)

_____ Other (please specify)

Family Physician _____ Telephone _____

Address _____ City _____ Zip _____

Medical Plan _____ Plan Number _____

If you do not want medical care given to your children, state reason:
