

**OLG Evangelization Program**  
**Registration 2018-2019**

Student Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Father's Full Name \_\_\_\_\_  
Mother's Full Name \_\_\_\_\_  
Mother's *MAIDEN* Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email \_\_\_\_\_  
Church of Baptism \_\_\_\_\_

Please select which class you are registering your student for:

**Whole Family Catechists - Grades K-5**

**First Communion** - (\*Note: Student must be in 2<sup>nd</sup> Grade and Completed 1 Year of Religious Ed)  
Completed 1<sup>st</sup> year of study at which Parish \_\_\_\_\_

**Middle School - Grades 6-8**

**Youth Ministry - Grades 9-12** (\*Note: Confirmation Preparation is a 2-year program.)

Select - **1<sup>st</sup> Year/2<sup>nd</sup> Year** Completed 1<sup>st</sup> year at which Parish \_\_\_\_\_

Our family understands that ALL Sacrament Preparation activities are required.

We will follow the program rules and understand the guidelines regarding missed gatherings. In case of an emergency I will contact the Evangelization Office to make them aware of an absence.

**First Communion and 2nd Year Youth Ministry Class**

Attached is a copy of my child's baptismal certificate.

I will submit a copy of my child's baptism certificate no later than 12/1/18.

All students must submit a copy of their baptismal certificate prior to receiving sacraments. Baptismal certificates can be obtained by contacting the parish where the baptism took place.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Our Lady of Grace Evangelization Emergency Information

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**\*\*MUST BE COMPLETED BY PARENT OR GUARDIAN\*\***

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

I, the parent/guardian of the above-named student give my permission for his/her participation in all Religious Education/Youth Ministry activities. I agree to direct my child to cooperate and conform to the 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** \_\_\_\_\_

Does your child have or is s/he subject to any of the below (check if yes):

\_\_\_\_\_ 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 \_\_\_\_\_ Phone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

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

\_\_\_\_\_

**Additional Emergency contact must be SOMEONE OTHER THAN PARENT!**

1) Name, Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

2) Name, Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_