OUR LADY
OF GRACE

RELIGIOUS EDUCATION: K-12TH REGISTRATION FORM

Circle Your Parish: St. James St. Margaret's St. Peters St. John's St. Mary's

Father's Name: _____ Mother's Name: _____

Address: _____

_____

Birth Date: _____ Birth Date: _____

Phone-Home: _____ Cell: _____

Work: _____

Email: _____

Childs Circle Grade

1st Child: _____ DOB: _____Grade: _____son/dau: _____

2nd Child: _____ DOB: _____Grade: _____son/dau: _____

3rd Child: _____ DOB: _____Grade: _____son/dau: _____

4th Child: _____ DOB: _____Grade: _____son/dau: _____

5th Child: _____ DOB: _____Grade: _____son/dau: _____

6th Child: _____ DOB: _____Grade: _____son/dau: _____

7th Child: _____ DOB: _____Grade: _____son/dau: _____

8th Child: _____ DOB: _____Grade: _____son/dau: _____

Special Needs (Allergies, etc.): _____

_____

Registration Deadline:

It is very important that we receive these registration forms as soon as possible to set up our classes for our volunteer Religious Education Teachers.