

**OUR LADY OF GRACE CATHOLIC CHURCH**  
**595 East Main Street, Avon Park, Florida 33825**  
**RELIGIOUS EDUCATION 2018-2019**  
**863-453-7537 Religious Education Office**  
**Email to: OLOGedu@gmail.com**

Registration fees are \$25.00 per child or \$40.00 per family. All families must also be a registered member of the Parish. Please complete the registration form for each child. If you are registering your child in a Sacramental Preparation class (2<sup>nd</sup> grade or the Confirmation Class) your child must have a copy of their Baptismal Certificate included with your registration. For 2<sup>nd</sup> grade registration your child must also have been registered in Religious Education class the previous year and with a good class & Mass attendance record. If you attended another parish please provide a letter from your previous Parish stating your child attended Religious Education Class and that he/she is ready for a Sacramental Preparation Class. If you are registering for the Confirmation class and you did not attend classes here last year you will need to call the Religious Education Office for an appointment.

*Please Print Clearly*

**I. Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

Has student been baptized? No \_\_\_\_\_ Yes \_\_\_\_\_  
Date \_\_\_\_\_ Church \_\_\_\_\_ City & State \_\_\_\_\_

Has student received the following sacraments? Reconciliation? \_\_\_ First Communion? \_\_\_ Confirmation? \_\_\_

**II. Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

Has student been baptized? No \_\_\_\_\_ Yes \_\_\_\_\_  
Date \_\_\_\_\_ Church \_\_\_\_\_ City & State \_\_\_\_\_

Has student received the following sacraments? Reconciliation? \_\_\_ First Communion? \_\_\_ Confirmation? \_\_\_

**III. Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

Has student been baptized? No \_\_\_\_\_ Yes \_\_\_\_\_  
Date \_\_\_\_\_ Church \_\_\_\_\_ City & State \_\_\_\_\_

Has student received the following sacraments? Reconciliation? \_\_\_ First Communion? \_\_\_ Confirmation? \_\_\_

***Please list any Disabilities, health and or/medication information of which we should be aware of for EACH child***

*Please Print Clearly*

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_