



**OUR LADY OF GRACE RELIGIOUS EDUCATION  
REGISTRATION FORM 2016-2017**

**RECONCILIATION & EUCHARIST SACRAMENTAL PREPARATION**

**For 2nd Graders & 3rd Graders that have NOT received First Reconciliation/First Eucharist  
Students must attend one year of ERE Classes or OLG School prior to Sacramental preparation.**

Child's Name: (last) \_\_\_\_\_ (first): \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

*Please write neatly!*

To which parish do you belong? \_\_\_\_\_

*If you are **not** a member of Our Lady of Grace, a letter will need to be written by your priest granting permission to prepare and participate in the sacraments of Reconciliation and Eucharist at Our Lady of Grace. See Becky Hampton for details.*

Church of child's Baptism: \_\_\_\_\_

*Was your child baptized at Our Lady of Grace: YEAR \_\_\_\_\_*

*If not, then a copy of your child's baptismal certificate **needs** to be turned into the Religious Education office.*

*A copy of the certificate can be faxed to 317-773-9344 attn: Jennifer Santerre*

I (parent(s) name(s)) \_\_\_\_\_ agree to prepare (child's name) \_\_\_\_\_ for the sacraments of Reconciliation and Eucharist. **I agree to work with my child on the sacramental preparation materials, attend the parent meetings, participate in the sacramental retreats, and attend the Saturday or Sunday liturgy.**

X \_\_\_\_\_  
Signature date

**OFFICE USE ONLY:**

Reconciliation \$45 Date: \_\_\_\_\_

Retreat Session: AM PM

Eucharist \$45 Date: \_\_\_\_\_

Group: A B C

**Baptismal Certificate Received: YES NO**

**First Eucharist Mass: \_\_\_\_\_**