



OUR LADY OF GRACE RELIGIOUS EDUCATION REGISTRATION FORM 2016-2017

BASIC INFORMATION

Family Last Name: _____ Primary Phone: (____) _____

Father's Name: _____ Father's Phone: (____) _____

Father's Email: _____@_____

Mother's Name: _____ Mother's Phone: (____) _____

Mother's Email: _____@_____

Street Address: _____

City: _____ Zip Code: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency Contact Phone: (____) _____ Relation to Child(ren): _____

CHILD HEALTH INFORMATION

Insurance Carrier: _____ Policy/Group Number: _____

Child(ren)'s Physician: _____ Physician's Phone: (____) _____

If Children are covered under different Health Insurance providers, please share corresponding insurance carrier name, policy/group number, and/or physician contact information:

CHILD 1 INFORMATION (Oldest Child)

Child's Full Name: _____ Nickname: _____

Birth Date: ____/____/____ Grade in 2016-2017: _____

Plans on receiving Sacrament of Reconciliation & First Eucharist in 2016-2017
(Typically for 2nd or 3rd Graders, Complete additional form on Page 6)

Plans on receiving Sacrament of Confirmation in 2016-2017
(Typically for 10th or 11th Graders, Complete additional form on Page 7)

Educational Concerns: _____

Has received the following Sacraments (check all that apply):

Baptism First Reconciliation First Eucharist Confirmation



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CHILD 1 MEDICAL INFORMATION

Allergies (including food): _____

Other medical concerns: _____

CHILD 2 INFORMATION - (2nd Oldest Child) If only one child, please skip this section.

Child's Full Name: _____ Nickname: _____

Birth Date: ____/____/____ Grade in 2016-2017: _____

Plans on receiving Sacrament of Reconciliation & First Eucharist in 2016-2017
(Typically for 2nd or 3rd Graders, Complete additional form on Page 6)

Plans on receiving Sacrament of Confirmation in 2016-2017
(Typically for 10th or 11th Graders, Complete additional form on Page 7)

Educational Concerns: _____

Has received the following Sacraments (check all that apply):

Baptism First Reconciliation First Eucharist Confirmation

CHILD 2 MEDICAL INFORMATION Allergies: _____

Other medical concerns: _____

CHILD 3 INFORMATION - (Third Oldest Child) If two or fewer children, please skip this section.

Child's Full Name: _____ Nickname: _____

Birth Date: ____/____/____ Grade in 2016-2017: _____

Plans on receiving Sacrament of Reconciliation & First Eucharist in 2016-2017
(Typically for 2nd or 3rd Graders, Complete additional form on Page 6)

Plans on receiving Sacrament of Confirmation in 2016-2017
(Typically for 10th or 11th Graders, Complete additional form on Page 7)

Educational Concerns: _____

Has received the following Sacraments (check all that apply):

Baptism First Reconciliation First Eucharist Confirmation

CHILD 3 MEDICAL INFORMATION Allergies: _____

Other medical concerns: _____



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MEDICAL LIABILITY RELEASE

I, the undersigned guardian of this student participant, do hereby release, forever discharge and agree to hold harmless Our Lady of Grace and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the student participant(s) that occur while the student(s) is involved in any trip or activity for which I have given him/her permission to attend.

Furthermore, I, on behalf of my child(ren), do assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is given to said church to furnish any necessary transportation, food and lodging for this participant(s).

I do also authorize adult workers with Our Lady of Grace Church and its programs to consent to any examination, X-ray, anesthetic, medical, surgical diagnosis/treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician at such hospital. I assume the responsibility of all medical bills, if any.

The undersigned further agrees to hold harmless and indemnify said church, its directors, employees and adult workers for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant(s), including expenses incurred. Further, should it be necessary for the participant(s) to return home due to medical reasons, disciplinary actions or otherwise, I hereby assume all transportation costs.

Parent/Guardian Signature: _____ Date: ____/____/____

MEDIA & SOCIAL NETWORKING RELEASE

I, the undersigned guardian of this student participant, do understand that photographs or videos taken during religious education or youth ministry events may be used in Our Lady of Grace newsletters, bulletin boards, web pages, or other publications.

I also understand that, in junior high and high school youth ministries, social networking websites and tools are used to communicate with students. Ultimately, guardians are responsible for all internet activities of their children, but I understand that youth ministry staff persons or volunteers may use these media to effectively communicate.

Furthermore, I understand that, in high school youth ministry, the use of messaging such as Facebook chat, Gmail chat, Twitter or text messaging may be used to communicate with teens. Ultimately, I am responsible for my children's communications, but I understand that these tools are used for the means of effective communication.

Check here only if you DO NOT want your child(ren)'s photograph or video to be used in Our Lady of Grace publications.

Parent/Guardian Signature: _____ Date: ____/____/____



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ADDITIONAL PROGRAM REGISTRATION

ELEMENTARY RELIGIOUS EDUCATION (PRE-K—5TH GRADES)

All Elementary Religious Education classes are available on Sundays. *Those in pre-Sacramental or Sacramental formation years can opt to attend Monday classes.* Please select which day of classes you plan on attending:

Child's Name: _____ Sunday, 10:10-11:20am Monday, 4:30-5:40pm
 Child's Name: _____ Sunday, 10:10-11:20am Monday, 4:30-5:40pm
 Child's Name: _____ Sunday, 10:10-11:20am Monday, 4:30-5:40pm
 Child's Name: _____ Sunday, 10:10-11:20am Monday, 4:30-5:40pm

PARENT VOLUNTEER INTEREST: Would you be interested in serving in these areas (check all that apply)?

___ ERE Catechist ___ ERE Sacramental Team

EDGE JUNIOR HIGH YOUTH MINISTRY (6TH—8TH GRADES)

If you'd like, please request one or two students your child would like to be in a small group with. We will do our best to group students with friendly faces, both familiar and unfamiliar.

Child's Name: _____ Requested Friends: _____
 Child's Name: _____ Requested Friends: _____
 Child's Name: _____ Requested Friends: _____

PARENT VOLUNTEER INTEREST: Would you be interested in serving in these areas (check all that apply)?

___ EDGE Core Team ___ EDGE Parent Night Leader

LIFE TEEN HIGH SCHOOL YOUTH MINISTRY (9TH—12TH GRADES)

Often text message communication is the most effective for high school students. If your student owns a cell phone, please share so that we can responsibly communicate and minister to them:

Child's Name: _____ Cell Phone: (_____) _____ T-shirt Size: _____
 Child's Name: _____ Cell Phone: (_____) _____ T-shirt Size: _____
 Child's Name: _____ Cell Phone: (_____) _____ T-shirt Size: _____

PARENT VOLUNTEER INTEREST: Would you be interested in serving in these areas (check all that apply)?

___ Life Night Core Team ___ Life Teen Retreat Team ___ Confirmation Mentor ___ Snack Volunteer



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PROGRAM FEES - Please submit to Church Office or Program Coordinator by or before first day of classes.

Elementary Religious Ed (Pre-K—5th Grade)

Cost per ERE Student	\$65.00
Cost per Catechist/OLG Staff Child	\$32.50
Sacrament of Reconciliation Preparation	\$45.00
Sacrament of First Eucharist Preparation	\$45.00

EDGE & Life Teen (6th—12th)

Cost per EDGE or Life Teen Student	\$75.00
Cost per Core Team/OLG Staff Child	\$37.50
Sacrament of Confirmation Preparation	\$60.00

Family Maximum Cost (Excluding Sacramental Fees)	\$150.00
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RELIGIOUS EDUCATION PROGRAMS

Elementary Religious Education (ERE)

Grades: Pre-K - 5 **Meeting Times:** Sundays: 10:10-11:20am (Pre-K-5th Grades; includes Sacramental preparation classes)
Mondays: 4:30-5:40pm (Pre-Sacramental or Sacramental preparation only)

Coordinator: Becky Hampton (317) 773-0297 BWHampton@ologn.org

My name is Becky Hampton and this will be my 8th year as Coordinator of Elementary Religious Education and First Sacraments Preparation at Our Lady of Grace. My husband Wil and I have been married for 29 years we have 3 teenage children who are active in all parts of parish life. They especially like CYO sports and helping with Vacation Bible School. I love exploring the wonders of the Catholic faith and sharing it with the families at Our Lady of Grace. Please pray for all families & Catechists!

Junior High Youth Ministry (EDGE)

Grades: 6-8 **Meeting Time:** Wednesdays from 6:30-8:00pm

Coordinator: Jake Teitgen (317) 773-0297 x242 JRTeitgen@ologn.org

My name is Jake Teitgen and this will be my 9th year as the EDGE Coordinator at Our Lady of Grace. Originally from Fishers, I graduated from Notre Dame in 2008 and have been leading EDGE ever since. I enjoy telling stories, playing games, doing service, and going on wild adventures. I married my best friend, Alicen, and now she is a part of the Core Team. We have two daughters, Julia & Genevieve. Please pray for the EDGE Community!

High School Youth Ministry (Life Teen)

Grades: 9-12 **Meeting Time:** Sundays from 5:30pm Mass to 8:30pm

Coordinator: Stacy Costa (317) 773-0297 x243 SFCosta@ologn.org

My name is Stacy Costa and it has been my pleasure to be the High School Youth Minister for the last 12 years. My husband, Chad, and I have been married for 16 years and we have two beautiful children. I love playing games, attending mission trips, going on retreats, and simply walking the journey of Christ with the teens from Our Lady of Grace.



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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: _____



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CONFIRMATION SACRAMENTAL INTENT FORM

Confirmation preparation typically takes place in the 10th grade. However, we welcome 11th or 12th graders who have not been Confirmed to participate in this formation process. More information will be available for Confirmation candidates after you have registered for Sacramental preparation. We look forward to working with you and your child(ren)!

Child's Name: _____

Are you a registered parishioner at Our Lady of Grace Catholic Church? **Y** **N**

If you are NOT a member of Our Lady of Grace parish, a letter from the Pastor of your parish granting permission to prepare and participate in the Sacrament of Confirmation at Our Lady of Grace is required.

Was your child baptized at Our Lady of Grace? **Y** **N**

If not, a copy of your child's baptismal certificate is required. We also need the mailing address of the parish at which he/she was baptized. Please bring to the parish office or fax copy of the certificate to: 317-773-9344, Attn: Annette Bleisch

Confirmation preparation at Our Lady of Grace requires the following:

- 1) Desire to be Confirmed in the Catholic Church
- 2) Be a registered Our Lady of Grace parishioner or receive permission from the pastor of your parish
- 3) Submit this form as well as Filing Form, Saint Name, and Sponsor Forms to the Youth Ministry office
- 4) Be an active member of Our Lady of Grace for one year **prior** to beginning Sacramental preparation
- 5) Attend most Sunday Life Nights during the Sacramental year
- 6) Participate in two Catholic retreats during the Sacramental year (through OLG or Catholic school)
- 7) Attend the Spirit & Fire Confirmation Retreat on February 24-26, 2017
- 8) Participate in Confirmation Mentor program
- 9) Complete Service Requirements
- 10) Attend the Sacrament of Confirmation Mass at Our Lady of Grace on April 24, 2017

I, [parent(s) name(s)] _____ agree to prepare my child(ren) for the Sacrament of Confirmation. I agree to work with my child and Our Lady of Grace to accomplish the Confirmation requirements and make faith a priority in my family during this Sacramental year.

X _____ Date: ___/___/___

OFFICE USE ONLY:

Confirmation Fee (\$60) Date Received: ___/___/___

Baptismal Certificate Received: ___/___/___

Sponsor & Saint Name Form Received: ___/___/___

Retreat Attended: _____

Service Hours Completed: ___/___/___

Confirmation Mentor: _____