

**OUR LADY OF GRACE CATHOLIC CHURCH**  
**RELIGIOUS EDUCATION REGISTRATION (CCD)**

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Was your child registered in this program last year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please indicate if your child has received the following Sacraments:

BAPTISM	yes	no
1 <sup>st</sup> COMMUNION	yes	no
CONFIRMATION	yes	no

Please note any learning disabilities or special learning needs your child may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any allergies, medications and/or other medical concerns we should be aware of? \_\_\_\_\_

\_\_\_\_\_

An offering of \$10.00 per family is suggested. Make checks payable to "Our Lady of Grace Church."

CCD/Religious Ed classes are held immediately after the 9 a.m. Sunday Mass & are 1 hour in length.

We are grateful for the volunteers who make this program possible. Please consider volunteering for the following.

_____ Teacher	_____ Teacher Assistant
_____ CCD Snacks	_____ Substitute Teacher