

Office of Religious Education
Our Lady of Grace Church

5001 White Oak Avenue ♦ Encino, California ♦ 91316 ♦ (818) 342-4686
 E-Mail: dre@ourladyofgrace.org

CONFIRMATION YEAR 2
REGISTRATION FORM

(Please Print)

CANDIDATE INFORMATION			
<u>Candidate's Last Name:</u>	<u>First Name:</u>	<u>Home phone #:</u>	
		()	
<u>Street address:</u>		<u>Candidate Cell Phone:</u>	Ok to text? Yes <input type="checkbox"/> No <input type="checkbox"/>
		()	
<u>City, State, Zip:</u>		<u>Candidate E-Mail Address:</u>	
<u>Date of Birth:</u>		<u>High School Attending:</u>	
<u>Gender:</u>		<u>Grade (in the Fall)</u>	
Male or Female <i>(Circle one)</i>		9 10 11 12 <i>(Circle One)</i>	
<u>Special Needs/Medications:</u>			
FATHER'S INFORMATION			
<u>Father's Last Name:</u>	<u>First:</u>	<u>Home phone #:</u> ()	
		<u>Cell phone #:</u> ()	
<u>Father's address: (if different from Candidate)</u>		<u>Work phone #:</u> ()	
		<u>Email Address:</u>	
<u>Father's Religion:</u>			
MOTHER'S INFORMATION			
<u>Mother's Maiden Name:</u>	<u>First:</u>	<u>Home phone #:</u> ()	
		<u>Cell phone #:</u> ()	
<u>Mother's address: (if different from Candidate)</u>		<u>Work phone #:</u> ()	
		<u>Email Address:</u>	
<u>Mother's Religion:</u>			
OFFICE USE ONLY			
<u>Fees</u>			
<input type="checkbox"/> Registration: \$150		Date Paid:	Emergency Form In:
Amount:	Balance: \$		<input type="checkbox"/> YES <input type="checkbox"/> NO
Check #:			
<u>Baptism Certificate:</u>	<u>Baptized at OLG?</u>	Date of Baptism:	Rec'd 1 st Communion
Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO

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Emergency Information/Photo Release Form

(one form per family)

<u>Family Name:</u>	<u>Home Phone</u> *822 □ ()
<u>Father's Name:</u>	<u>Mother's Name:</u>
<u>Home address:</u>	<u>Home address:</u>
<u>City, State, Zip</u>	<u>City, State, Zip</u>
<u>Work Phone:</u> ()	<u>Work Phone:</u> ()
<u>Cell Phone:</u> ()	<u>Cell Phone:</u> ()
<u>E-Mail Address:</u>	<u>E-Mail Address:</u>

<u>Name of Child in Confirmation Class</u>	<u>Age</u>	<u>***Office Use Only***</u>

IN THE EVENT OF A MAJOR EARTHQUAKE OR DISASTER, your child(ren) will be held on the school grounds and ONLY RELEASED TO YOURSELF OR THOSE ADULTS listed below.

I hereby give consent for these persons to take my child(ren) home if I am unable to do so. I have notified each of them regarding this permission.

List two persons: (Please print)

Name of Person: _____

Name of Person: _____

Phone: _____

Phone: _____

Parent Signature: _____

Date: _____

I give permission for my child(ren) to be photographed for the following purposes: for student records, for use in group projects, and for parish bulletin boards, for teen website and Facebook page. I understand that if my child has a Facebook page, he/she will have access to the our Lady of Grace Facebook page.

(Teens will not be identified by name.)

PARENT/GUARDIAN SIGNATURE

DATE