



# OUR LADY OF GRACE RELIGIOUS EDUCATION REGISTRATION FORM 2018-2019

## 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 2018-2019: \_\_\_\_\_

- Plans on receiving Sacrament of Reconciliation & First Eucharist in 2018-2019  
 (Typically for 2nd or 3rd Graders, Complete additional form on Page 6)
- Plans on receiving Sacrament of Confirmation in 2018-2019  
 (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 2018-2019: \_\_\_\_\_

Plans on receiving Sacrament of Reconciliation & First Eucharist in 2018-2019  
(Typically for 2nd or 3rd Graders, Complete additional form on Page 6)

Plans on receiving Sacrament of Confirmation in 2018-2019  
(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 2018-2019: \_\_\_\_\_

Plans on receiving Sacrament of Reconciliation & First Eucharist in 2018-2019  
(Typically for 2nd or 3rd Graders, Complete additional form on Page 6)

Plans on receiving Sacrament of Confirmation in 2018-2019  
(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: \_\_\_\_\_



## OUR LADY OF GRACE RELIGIOUS EDUCATION REGISTRATION FORM 2018-2019

### 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	<b>\$65.00</b>
Cost per Catechist/OLG Staff Child	<b>\$32.50</b>
Sacrament of Reconciliation Preparation	<b>\$45.00</b>
Sacrament of First Eucharist Preparation	<b>\$45.00</b>

## EDGE & Life Teen (6th—12th)

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

Family Maximum Cost (Excluding Sacramental Fees)	<b>\$150.00</b>
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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 9th 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 30 years; we have 3 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:** Julia Eckrich      (317) 773-0297 x243      JMEckrich@ologn.org

Hello hello! My name is Julia Eckrich and this is my first year at Our Lady of Grace but this is my fourth year working in youth ministry. Genuinely, I think middle school students are the weirdest and coolest humans around and I cannot wait to accompany them on their faith journey. I love singing and playing music, playing new board games, taking road trips and drinking french vanilla iced coffee. I'm also a joyful newlywed and my husband will readily join in the youth ministry fun with a servant heart.

### High School Youth Ministry (Life Teen)

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

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

*My name is Jake Teitgen and this will be my 11th year in Youth Ministry at Our Lady of Grace. In addition to leading youth and young adult ministry, I also work in parish communications. I enjoy telling stories, playing games, doing service, and going on wild adventures. I am married to Alicen and we have two daughters, Julia & Genevieve, who can be found at many ministry events, too! Please pray for the OLG Youth Ministry Community!*



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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)!*

**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.*

**Student Information:**

Student's Name: \_\_\_\_\_

First

Last

Middle

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Baptismal Information:**

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was this child Baptized at OLG?   Y   N

*If your child was not baptized at Our Lady of Grace, please fill out the following information and contact the Parish of Baptism to have a copy of the Baptism Certificate sent to OLG, attention Annette Bleisch. Certificates can be faxed to 317-773-9344, emailed to confirmation@ologn.org or mailed to Our Lady of Grace Catholic Church 9900 East 191st Street Noblesville, IN 46060*

Name of Church where Baptized: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent Information:**

Father's Full Name: \_\_\_\_\_

Last

First

Middle

Mother's Full Name: \_\_\_\_\_

**Maiden**

First

Middle

**Confirmation Information:**

Spirit and Fire Confirmation Retreat will be held on September 28-30, 2018.

Confirmation Liturgy is Tuesday April 30, 2019.

For more information contact confirmation@ologn.org or visit ologn.org/ym