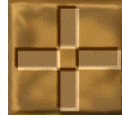


*Our Lady of Grace
Religious Education
3433 Somerset Avenue
Castro Valley, CA 94546*



*Office telephone: 510-582-9266
e-mail:
olgrec@sbcglobal.net*

7 April 2009

Greetings, Religious Education Family!

It's hard to believe that we have come to the end of another year. Time has gone by very fast. We did have fun while we learned! The catechists and staff enjoyed learning along with your families and look forward to continuing the journey next year.

Enclosed is the registration form for 2009-2010. Please take a few minutes to look it over. In an effort to help you complete paperwork quickly and easily, we will only collect **ONE FORM PER FAMILY**. We are also trying something new: email! If you are reading this as an email attachment, you will need to print the registration form AND the emergency form and return both forms completed. If you received this in the regular mail, please complete BOTH sides of the form before returning.

All students in your family should be listed on this form. Please check the box or boxes at the bottom of the form to indicate which class you are registering for.

Tuition fees remain the same. Early bird pricing will be in effect until May 31. Register now and save \$15.00 off the total fee!
Please note: payment plans are available.

Thanks again for your continued support of your children and the Religious Education program. Don't forget: VBS will be July 27 through July 31. Registration starts in May.

Have a safe and peace-filled summer!

Mrs. Lang



Our Lady of Grace Religious Education

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(510) 582-9266 * olgrec@sbcglobal.net

The Religious Education Program at Our Lady of Grace offers religious instruction and faith formation for students in kindergarten through eighth grade. Classes are held weekly on either Sunday mornings (10:30-11:45) or Tuesday afternoons (3:45-5:00) and include lessons, crafts, bible stories, music, games and all kinds of activities to help children learn about our Catholic faith and how to apply it in their everyday lives. Our mission in the program is to help children come to know God and recognize God's presence in our lives.

The Religious Education Program is open to all children in our parish. In addition to weekly classes, the program sponsors social events, parent education, service projects, prayer services and more!

Registration is currently underway for Fall classes, which will begin in October. We encourage you to register your child early so that we can plan accordingly. As an incentive, we offer a discount on registration fees for those who register by May 31st. The fees are listed below. To register your child/ren, return the registration form (**one per FAMILY***) to the Faith Formation Center or Parish Office at your earliest convenience. Children will be placed in classes on a first come/first served basis. *Please note: **ONLY ONE REGISTRATION AND ONE EMERGENCY FORM PER FAMILY IS NEEDED.**

Passing on your faith is one of the most precious gifts you can give your children. We are here to help you. Please call us with any questions – 510-582-9266.

Registration Fees for 2009-2010

Until May 31 st	\$60 for one child
	\$105 for two children in the same family
	\$135 for three or more children in the same family
Beginning June 1 st	\$75 for one child
	\$120 for two children in the same family
	\$150 for three or more children in the same family

Opening days of class: Sunday, October 4, 2009 and Tuesday, October 6, 2009

Please contact Robyn Lang, Director of Religious Education, with any questions. 510-582-9266 or olgrec@sbcglobal.net



*Our Lady of Grace Religious Education
Registration Form*

2009-2010

Family Last Name		
Address	City	Zip
Family Email	Home Phone	

Mother _____ Religion _____ Work Phone _____ Cell Phone _____
 Address if different _____ Occupation _____

Father _____ Religion _____ Work Phone _____ Cell Phone _____
 Address if different _____ Occupation _____

Is your family registered with the Parish Office? Yes No

Emergency contact must be OTHER THAN PARENT!

Emergency Contact: _____ Relationship _____ Phone: _____

1) Child's Full Name (as on birth/bapitsmal Certificate) _____

Gender (circle) : M F Birthdate: _____ Birthplace: _____

Name of school: _____ Grade fall of '09: _____ Previous Religious Ed? Yes No Where _____

Circle which sacraments have been received: Baptism (attach a copy) 1st Reconciliation 1st Communion

2) Child's Full Name (as on birth/bapitsmal Certificate) _____

Gender (circle) : M F Birthdate: _____ Birthplace: _____

Name of school: _____ Grade fall of '09: _____ Previous Religious Ed? Yes No Where _____

Circle which sacraments have been received: Baptism (attach a copy) 1st Reconciliation 1st Communion

3) Child's Full Name (as on birth/bapitsmal Certificate) _____

Gender (circle) : M F Birthdate: _____ Birthplace: _____

Name of school: _____ Grade fall of '09: _____ Previous Religious Ed? Yes No Where _____

Circle which sacraments have been received: Baptism (attach a copy) 1st Reconciliation 1st Communion

Check which block of time you would prefer (note: some classes are Sunday only)

Schedule	K – 5	6 – 8	Sacrament Prep 2 nd year (Gr 3 & up)
Tuesday 3:45-5:00		XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Sunday 10:30 – 11:45			

Fees: 1 child \$75 2 children \$120 3 children \$150 NOTE: \$15 discount before June 1
 Full or partial payment of total fees is due upon registration. The remaining balance is due by 10-31-09.

Office Use Only				
Date Rec'd	Amount	Cash	Check #	Date entered

**Our Lady of Grace Religious Education
Emergency Information**

MUST BE COMPLETED BY PARENT OR GUARDIAN

Student name (list below)

Grade

1) _____

2) _____

3) _____

I, the parent/guardian of the above named students give my permission for his/her participation in any and all Religious Education/Youth Ministry activities. I agree to direct my child to cooperate and conform with directions and instructions of Religious Education/Youth Ministry personnel responsible for said activities.

I agree that in the event that my child is injured as a result of his/her participation in Religious Education/Youth Ministry activities, including transportation to and from these activities, whether or not caused by the negligence of the parish Religious Education/Youth Ministry program, any of its agents and employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit of mine.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

Does your child have or is s/he subject to (check if yes, write name):

_____ Asthma _____ Fainting Spell _____ Allergies
_____ Heart Trouble _____ Menstrual Problems _____ Diabetes
_____ Visual Difficulties _____ Digestion Difficulties _____ Food allergies (Please list)
_____ Ear, Nose and Throat Problems
_____ Sports Restrictions (if yes, explain)

_____ Other (please specify)

Family Physician _____ Telephone _____
Address _____ City _____ Zip _____
Medical Plan _____ Plan Number _____

If you do not want medical care given to your children, state reason:

