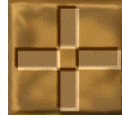


*Our Lady of Grace  
Faith Formation Center  
3433 Somerset Avenue  
Castro Valley, CA 94546*



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

6 April 2011

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 had fun and learned a lot! 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 2011-2012. 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**. Registration material is being sent by email to everyone possible. 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 CIRCLE the day/class at the bottom of the form to indicate which class you are registering for.

This year there will be no fee increase, and we again offer Early Bird pricing, until May 31<sup>st</sup>. 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 25 through July 29! Registration for VBS begins in May.

Have a safe and peace-filled summer!

Mrs. Lang



## ***Our Lady of Grace Religious Education***

OLG Faith Formation Center  
3433 Somerset Ave.  
Castro Valley, CA 94546  
(510) 582-9266 \* [olgrec@sbcglobal.net](mailto: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 activities to help children learn about our Catholic faith and how to apply it in our everyday lives. Following our parish mission statement, *"We...are a community that endeavors to live our faith grounded in Jesus Christ. We strive to grow in our personal faith life through prayer and continuing Catholic faith formation for people of all ages."*

The Religious Education Program is open to all children, Kindergarten through 8<sup>th</sup> grade. In addition to weekly classes, the program sponsors social events, parent education, service projects, prayer services and more!

Classes begin the first Sunday in October. Registration is from mid-April through October 31<sup>st</sup> each year. We encourage you to register your child early so that we may plan accordingly. As an incentive, we offer a discount on registration fees for those who register by May 31<sup>st</sup>. 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. 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 we can give our children. We are here to help you! Please contact us with any questions – 510-582-9266 or [olgrec@sbcglobal.net](mailto:olgrec@sbcglobal.net).

### Registration Fees for 2011-2012

Until May 31<sup>st</sup>                      \$65 for one child  
   \$110 for two children in the same family  
   \$140 for three or more children in the same family

Beginning June 1<sup>st</sup>    \$80 for one child  
                                     \$125 for two children in the same family  
                                     \$155 for three or more children in the same family

**Opening days of class: Sunday, October 2, 2011 and Tuesday, October 4, 2011**

Please contact Robyn Lang, Director of Religious Education, with any questions. 510-582-9266 or [olgrec@sbcglobal.net](mailto:olgrec@sbcglobal.net)



*Our Lady of Grace Religious Education  
Registration Form*

<b>2011-2012</b>
------------------

<b>Family Last Name</b>		
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 SOMEONE OTHER THAN PARENT!**

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**1) Child's Full Name (as on birth certificate)** \_\_\_\_\_

Gender (circle) :    M    F    Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Name of school: \_\_\_\_\_ Grade fall of '11: \_\_\_\_\_ Previous Religious Ed? Yes    No  
 Where \_\_\_\_\_

Circle which sacraments have been received:    Baptism    1st Reconciliation    1st Communion

**2) Child's Full Name (as on birth certificate)** \_\_\_\_\_

Gender (circle) :    M    F    Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Name of school: \_\_\_\_\_ Grade fall of '11: \_\_\_\_\_ Previous Religious Ed? Yes    No  
 Where \_\_\_\_\_

Circle which sacraments have been received:    Baptism    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 '11: \_\_\_\_\_ Previous Religious Ed? Yes    No  
 Where \_\_\_\_\_

Circle which sacraments have been received:    Baptism    1st Reconciliation    1st Communion

**CIRCLE which day you would prefer (note: some classes are Sunday only)**

<b>3:45-5:00</b>	<b>K – 5</b>		
<b>10:30 – 11:45</b>	<b>K – 5</b>	<b>6 – 8</b>	<b>Sacrament Prep 2<sup>nd</sup> year (Gr 3 &amp; up)</b>

**Fees: 1 child \$80 2 children \$125 3 children \$155    NOTE:**  
 Full or partial payment of fees is due upon registration. The remaining balance is due by 10-31-11.

<b>Office Use Only</b>		Cash receipt #	
Date Rec'd	Amount	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:

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