

GRADES 1-8 SS. John and Paul 2020-2021 G.R.A.C.E. Registration Form

TUITION: Parishioners:	By 8/30	After 9/1
1 Child	\$ 75.00	\$100.00
2 or more	\$125.00	\$150.00
NON-Parishioners each child	\$150.00	\$175.00
Reminder: Tuition may be paid through online giving.		

Today's Date: ____/____/____ Registered in the Parish ____ Yes ____ No

Family Last Name: _____ **Primary Phone:** _____ **Email** _____

Street Address: _____ City/State: _____ Zip _____

Mailing Address if different _____ City/State: _____ Zip _____

FATHER: Marital Status: ____M ____D ____S ____W

MOTHER: Marital Status: ____M ____D ____S ____W

(Last Name) _____ (First Name) _____
Phone _____

(Last Name) _____ (First Name) _____ (Maiden) _____
Phone _____

DESIGNATED MONTHLY G.R.A.C.E. SESSION FOR THE WHOLE FAMILY [Please read before checking the boxes below]

- CHILDREN IN GRADES P/K--8 MUST BE ACCOMPANIED BY AT LEAST ONE PARENT. **BABYSITTING IS NOT OFFERED.**
ALL SESSIONS ARE FROM 6:30 – 8:30 PM.

Please indicate preference ____ on-line ____ on-site

- ALL FAMILIES: Choose between SUNDAY - TUESDAY.

Given the information above, mark your **first (1) and second (2)** CHOICES for the evening you and your family will attend. [we will confirm your session]

Please indicate the number of parents ordinarily attending:

____ SUNDAY ____ TUESDAY

____ 1 ____ 2

CHILD NAME: <i>First Name (and last name if different)</i>	GRADE	SCHOOL	BIRTHDATE	GENDER
#1 _____	_____	_____	____/____/____	____M____F
#2 _____	_____	_____	____/____/____	____M____F
#3 _____	_____	_____	____/____/____	____M____F
#4 _____	_____	_____	____/____/____	____M____F

PLEASE COMPLETE BACK SIDE

Family Last Name _____

SACRAMENT REQUIREMENTS

It is required that all children eligible to prepare for the reception of a sacrament have attended two consecutive years of faith formation and attending current year

- For the Sacrament of **Reconciliation, Eucharist** and **Confirmation: required attendance at all monthly sessions, all age-specific sessions, and all sacrament prep sessions** for **the two previous years and attending current year.**

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION FOR EACH CHILD.

CHILD'S NAME	GRADE	BAPTISM	FIRST EUCHARIST	CONFIRMATION	RECONCILIATION
#1 _____	_____	Yes ___ No ___	___ Yes ___ No ___	___ Yes ___ No ___	___ Yes ___ No ___
#2 _____	_____	Yes ___ No ___	___ Yes ___ No ___	___ Yes ___ No ___	___ Yes ___ No ___
#3 _____	_____	Yes ___ No ___	___ Yes ___ No ___	___ Yes ___ No ___	___ Yes ___ No ___
#4 _____	_____	Yes ___ No ___	___ Yes ___ No ___	___ Yes ___ No ___	___ Yes ___ No ___

MEDICAL CONDITIONS / MEDICATION

EMERGENCY CONTACT PERSON(S) other than parents

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

CUSTODY OR OTHER ISSUES WE NEED TO BE AWARE OF: _____

If you are new to our parish this year, NAME THE CHURCH where you last attended and the LAST COMPLETED GRADE of religious formation for each of your children:

Name of Church: _____ City: _____ State _____

Last religious formation grade attended by: Child #1 – Grade: _____, Child #2 – Grade: _____,

Child #3 – Grade _____, Child #4 – Grade _____

_____ Please indicate here if **THIS YEAR** will be the first year of religious formation for the children.

OFFICE USE ONLY	
Date: _____	
Amount: _____	
Cash _____	Check # _____

