

**GRADES 1-8 SS. John and Paul 2021-2022 G.R.A.C.E. Registration Form**  
 \*\*\*\*\* You must register for both monthly and age-specific sessions \*\*\*\*\*

|   |          |           |
|---|----------|-----------|
| <b>TUITION: Parishioners:</b>                               | 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  |
| <b>Reminder: Tuition may be paid through online giving.</b> |          |           |

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 \_\_\_\_\_

**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 6:00 – 8:30 PM.**

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.

\_\_\_\_SUNDAY \_\_\_\_TUESDAY

Please indicate number of parents ordinarily attending: \_\_\_\_1 \_\_\_\_2

**AGE-SPECIFIC G.R.A.C.E. SESSION FOR children grades 1-6**  
***[Please read before checking the boxes below]***  
**ALL SESSIONS ARE FROM 6:30 – 8:30 PM.**

Choose between SUNDAY - TUESDAY.  
 Given the information above, mark your **first (1) and second (2) CHOICES** for the evening you and your child will attend.

\_\_\_\_SUNDAY \_\_\_\_TUESDAY

Please indicate number of parents ordinarily attending: \_\_\_\_1 \_\_\_\_2

There are separate sessions for sacramental prep

| 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.

|                        |               |
|------------------------|---------------|
| <b>OFFICE USE ONLY</b> |               |
| Date: _____            | _____         |
| Amount: _____          | _____         |
| Cash _____             | Check # _____ |

