

OUR LADY OF GRACE

SCHOOL OF RELIGION 2023-2024 ENROLLMENT FORM

HOUSEHOLD INFORMATION			
Household Registered at OLG? (Circle One)	OLGSR Household Status: (Circle One)		
Yes No	Returning New		
Father/Guardian's Full Name (Please Print)	Mother/Guardian's Full Name (Please Print)		
Street Address:	Street Address:		
City, State & Zip:	City, State & Zip:		
Home Phone #:	Home Phone #:		
Email address:	Email address:		
Mobile Phone #:	Mobile Phone #:		
Work #:	Work #:		
EMERGENCY CONTACT			
Emergency Contact #1:	Emergency Contact #2		
Name:	Name:		
Relationship to Child:	Relationship to Child:		
Mobile #:	Mobile #:		
ENROLLMENT FEES			
Ordinary Study in the Faith			
1 child \$150.00	2 children \$225.00 3 children \$300.00		
Program Option (K – High School) select all that apply:			
Kinder – 5 th Grade Sur	nday Mornings Sacrament Preparation Confirmation Level 1		
Jr. High Program(Tue	s/Fri) Sacrament Preparation Confirmation Level 2		
Sacrament Preparation First Penance/Eucharist Order of Christian Initiation for children and teens (no fees)			
	TOTAL PAYMENT DUE		
If this is your student's first year in the \$150.00 of 2023-2024 OLGSR Total Enrollment Fee Obligation is			
OLGSR programs, please provide a	to confirm enrollment. Payment can be made via the link or QR code below:		
copy of their baptism certificate or	https://giving.parishsoft.com/App/Form/63354e64-fd6e-47af-8791-435ddb77e619		
indicate if your child was baptized at	or		
OLG by placing a check in the space			
provided. My student was baptized at			
OLG	************************************		
	Online Payment Link for any remaining balance will be sent once enrollment is confirmed. Full payment of OLGSR Enrollment Fees are due no later than August 1, 2023.		
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Household Name: STUDENT INFORMATION			
	STUDENT 1	K - 5 Polo Shirt Size:	
First Name:	Middle Name:	Last Name:	
Date of Birth:	Grade in September 2023:	School of Attendance:	
STUDENT 2 K - 5 Polo Shirt Size:			
First Name:	Middle Name:	Last Name:	
Date of Birth:	Grade in September 2023:	School of Attendance:	
STUDENT 3 K - 5 Polo Shirt Size:			
First Name:	Middle Name:	Last Name:	
Date of Birth:	Grade in September 2023:	School of Attendance:	
STUDENT 4 K - 5 Polo Shirt Size:			
First Name:	Middle Name:	Last Name:	
Date of Birth:	Grade in September 2023:	School of Attendance:	
PARENTAL/GUARDIAN CONSENT AGREEMENT & LIABILITY WAIVER			
or our heirs, successors, and assigns, to hold harmless and defend Our Lady of Grace Parish and the Roman Catholic Bishop of San Diego, and their respective clergy, its officers, directors, employees and agents, chaperones, representatives or volunteers associated with the activities, from any claim arising from or in connection with my minor attending the activities or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Our Lady of Grace Parish, its officers, directors and agents, and the Roman Catholic Bishop of San Diego, and their respective clergy, its employees and agents and chaperones, or representatives associated with the activities for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Our Lady of Grace Parish or the Roman Catholic Bishop of San Diego.			
Parent/Guardi	an Signature	 Date	
raising caura.	PHOTO RELEASE	2010	
I grant permission for Our Lady of Grace Parish and Our Lady of Grace School (collectively "OLG"), their respective employees, representatives, or volunteers, to photograph or record on audio or video (tape or digital) my child for purposes of furthering the mission of OLG. Photos, audio or video may only be used in printed materials and any other visual display or media sponsored by OLG. I understand that such photos and/or video recordings will be used for OLG related purposes only and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings. (Indicate One) I Agree I Decline			
Parent/Guardian Signature		Date	
FOR OFFICE USE ONLY			
Online Payment Amount Received: \$_	Date Received:	Verified by:	
Online Payment Amount Received: \$_	Date Received:	Verified by:	
Online Payment Amount Received: \$_	Date Received:	Verified by:	