

# Registration for L.I.F.E. 2011 - 2012

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Registered @ Our Lady of Grace? yes / no

**PLEASE NOTE:**

*Households with child participants require at least one adult to participate at each L.I.F.E. Session.*

**ADULT Members of your Household:**

\_\_\_\_\_ Will attend L.I.F.E.? yes/ no  
First Name Last Name

\_\_\_\_\_ Will attend L.I.F.E.? yes/ no  
First Name Last Name

\_\_\_\_\_ Will attend L.I.F.E.? yes/ no  
First Name Last Name

**CHILDREN in your Household:**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Last Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Last Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Last Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Last Name

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**FAITH FORMATION PROGRAM SUPPORT:**

Individual participant - \$25    Households w/ 2 participants - \$50    Households w/3 or more - \$75  
(no one will be denied participation due to financial circumstances. Please let us know if you are unable to contribute.)

Adults registering: \_\_\_\_\_ Children registering: \_\_\_\_\_ Total # registering: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_ (checks to: Our Lady of Grace)    Unable to contribute: \_\_\_\_\_