

OUR LADY OF PERPETUAL HELP PARISH
RELIGIOUS EDUCATION PROGRAM

146 S. PITNEY ROAD, BLDG #1; GALLOWAY, NJ 08205
(609) 652-0008, Ext. 208; Email: religioused@olphparish-nj.org

2017-2018 NEW FAMILY REGISTRATION

PLEASE COMPLETE ALL INFORMATION

Today's Date _____

CONNECT NOW DATA

Entered and Verified

- Yes
- Need Additional
- Information noted
- In Connect Now
- Invitation sent to
- FlockNotes

OFFICE USE ONLY

- Date Registered: _____
- Tuition Paid: _____
- Check #: _____
- Cash: _____
- Balance Due: _____
- Invoice: _____

FAMILY NAME: _____

ADDRESS: _____
(STREET) (TOWN) (ZIP)

TELEPHONE #: _____ EMERGENCY#: _____ EMAIL ADDRESS: _____

FATHER'S FULL NAME: _____ **RELIGION:** _____

ADDRESS: _____
(STREET) (TOWN) (ZIP)

MARRIED: _____ DIVORCED: _____ SEPARATED: _____ DECEASED: _____ SINGLE: _____

MOTHER'S FULL NAME: _____ **MAIDEN NAME:** _____ **RELIGION:** _____

ADDRESS: _____
(STREET) (TOWN) (ZIP)

MARRIED: _____ DIVORCED: _____ SEPARATED: _____ DECEASED: _____ SINGLE: _____

SPECIAL MAILING INSTRUCTIONS:

FAMILY LAST NAME (IF DIFFERENT FROM CHILD'S): _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

RELIGIOUS BACKGROUND: ARE YOU A REGISTERED MEMBER OF OUR LADY OF PERPETUAL HELP PARISH? YES NO
DO YOU RECEIVE SUNDAY ENVELOPES AND OTHER MAILINGS? YES NO
IF NO, WOULD YOU LIKE TO? YES NO

CHILD'S _____
LAST NAME FIRST NAME MIDDLE NAME SCHOOL & GRADE IN THE FALL

_____ CITY AND STATE OF BIRTH DATE OF BIRTH

_____ DATE OF BAPTISM CHURCH CITY AND STATE YES NO
CERTIFICATE

_____ DATE OF SACRAMENT OF RECONCILIATION CHURCH CITY AND STATE

_____ DATE OF SACRAMENT OF HOLY EUCHARIST CHURCH CITY AND STATE

ANY PREVIOUS RELIGIOUS INSTRUCTION? Yes ___ No ___ IF YES, WHERE? _____

RELIGIOUS EDUCATION LEVEL: _____

NOTE: COMPLETED APPLICATION MUST ACCOMPANY A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE & REGISTRATION.

CHOICE OF DAY AND LANGUAGE

RELIGIOUS EDUCATION CLASSES:



- IN ENGLISH WEEKLY (SUNDAYS) 9:40 – 10:50 AM
- IN ENGLISH MONTHLY FAMILY (THURSDAYS) 6:30 – 7:30 PM
- IN ENGLISH INTENSIVE (TWO [2] WEEKS) 8:30 AM– 12:30 PM
- IN SPANISH ST. NICHOLAS (SUNDAYS) 9:00 -11:30AM

FEES: \$120.00 (FIRST CHILD) \$180.00 (FAMILY OF TWO [2] OR MORE)

LIST ANY HEALTH, MEDICAL, BEHAVIORAL, AND/OR SPECIAL NEEDS OR LIST NONE IF NOT APPLICABLE:

*****MUST BE REGISTERED WITH OUR LADY OF PERPETUAL HELP PARISH*****

CHILD'S _____
LAST NAME FIRST NAME MIDDLE NAME SCHOOL & GRADE IN THE FALL

CITY AND STATE OF BIRTH DATE OF BIRTH

DATE OF BAPTISM CHURCH CITY AND STATE Yes ___ No ___
CERTIFICATE

DATE OF SACRAMENT OF RECONCILIATION CHURCH CITY AND STATE

DATE OF SACRAMENT OF HOLY EUCHARIST CHURCH CITY AND STATE

ANY PREVIOUS RELIGIOUS INSTRUCTION? Yes ___ No ___ IF YES, WHERE? _____

RELIGIOUS EDUCATION LEVEL: _____

NOTE: COMPLETED APPLICATION MUST ACCOMPANY A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE & REGISTRATION.

RELIGIOUS EDUCATION CLASSES:



CHOICE OF DAY AND LANGUAGE

- IN ENGLISH _____ WEEKLY (SUNDAYS) 9:40 – 10:50 AM
- IN ENGLISH _____ MONTHLY FAMILY (THURSDAYS) 6:30 – 7:30 PM
- IN ENGLISH _____ INTENSIVE (TWO [2] WEEKS) 8:30 AM– 12:30 PM
- IN SPANISH _____ ST. NICHOLAS (SUNDAYS) 9:00 -11:30 AM

FEES: \$120.00 (FIRST CHILD) \$180.00 (FAMILY OF TWO [2] OR MORE)

LIST ANY HEALTH, MEDICAL, BEHAVIORAL, AND/OR SPECIAL NEEDS OR LIST NONE IF NOT APPLICABLE:

CHILD'S _____
LAST NAME FIRST NAME MIDDLE NAME SCHOOL & GRADE IN THE FALL

CITY AND STATE OF BIRTH DATE OF BIRTH

DATE OF BAPTISM CHURCH CITY AND STATE Yes ___ No ___
CERTIFICATE

DATE OF SACRAMENT OF RECONCILIATION CHURCH CITY AND STATE

DATE OF SACRAMENT OF HOLY EUCHARIST CHURCH CITY AND STATE

ANY PREVIOUS RELIGIOUS INSTRUCTION? Yes ___ No ___ IF YES, WHERE? _____

RELIGIOUS EDUCATION LEVEL: _____

NOTE: COMPLETED APPLICATION MUST ACCOMPANY A COPY OF YOUR CHILD'S BAPTISMAL CERTIFICATE & REGISTRATION.

RELIGIOUS EDUCATION CLASSES:



CHOICE OF DAY AND LANGUAGE

- IN ENGLISH _____ WEEKLY (SUNDAYS) 9:40 – 10:50 AM
- IN ENGLISH _____ MONTHLY FAMILY (THURSDAYS) 6:30 – 7:30 PM
- IN ENGLISH _____ INTENSIVE (TWO [2] WEEKS) 8:30 AM– 12:30 PM
- IN SPANISH _____ ST. NICHOLAS (SUNDAYS) 9:00 -11:30 AM

FEES: \$120.00 (FIRST CHILD) \$180.00 (FAMILY OF TWO [2] OR MORE)

LIST ANY HEALTH, MEDICAL, BEHAVIORAL, AND/OR SPECIAL NEEDS OR LIST NONE IF NOT APPLICABLE:

