

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

CONNECT NOW DATA

Entered and Verified

Yes
 Need Additional
 Information noted
 In Connect Now

OFFICE USE ONLY

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

2018-2019 NEW FAMILY REGISTRATION

PLEASE COMPLETE ALL INFORMATION

Today's Date _____

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 (MONDAYS) 6:00 -7:15 PM
IN ENGLISH MONTHLY FAMILY (THURSDAYS) 6:30 - 7:30 PM
IN ENGLISH INTENSIVE (SUMMER) 8:30 AM- 3:30 PM
IN SPANISH ST. NICHOLAS (TO BE DETERMINED)

TUITION: \$215 PER CHILD FOR SUMMER INTENSIVE;

WEEKLY AND MONTHLY \$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 _____
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CERTIFICATE

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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 (TO BE DETERMINED)

TUITION: \$215 PER CHILD FOR SUMMER INTENSIVE;
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CITY AND STATE OF BIRTH DATE OF BIRTH

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CERTIFICATE

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