

OUR LADY OF PERPETUAL HELP PARISH

FAITH FORMATION PROGRAM

146 S. PITNEY ROAD, BLDG #1; GALLOWAY, NJ 08205
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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: _____

2022 -2023 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:**

HAITIAN _____ WEEKLY (TO BE DETERMINED)

IN ENGLISH _____ WEEKLY THURSDAY (6:00-7:15 PM)

IN SPANISH _____ ST. NICHOLAS 9:00-10:15 AM WITH MASS TO FOLLOW

TUITION: WEEKLY AND MONTHLY \$125.00 (FIRST CHILD) \$175.00 (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*****

