CONNECT NOW DATA Entered and Verified Yes Need Additional Information noted In Connect Now

OUR LADY OF PERPETUAL HELP PARISH FAITH FORMATION PROGRAM

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

2022 -2023 NEW FAMILY REGISTRATION

PLEASE COMPLETE ALL INFORMATION

Date 1	Registered:	
Tuitio	n Paid:	
Check	: #:	
Cash:		
Balan	ce Due:	
Invoi	·e:	

OFFICE USE ONLY

	T	oday's Date			
FAMILY NAME:					
Address:					
	(STREET)			(TOWN)	(ZIP)
TELEPHONE #:	EM	IERGENCY#:		_ EMAIL ADDRESS:	
FATHER'S FULL N	NAME:			RELIGION:	
Address:	(STREET)			(TOWN)	(ZIP)
MARRIED:	DIVORCED:			DECEASED:	SINGLE:
MOTHER'S FULL N	NAME:	Maid	EN NAME:	RELIGIO	on:
	(STREET)				
				(TOWN)	(ZIP)
MARRIED:	DIVORCED:	SEPARATE	.D:	DECEASED:	_ SINGLE:
	UIF DIFFERENT FROM ABOVE UND: ARE YOU A REGISTI DO YOU RECEIVE SO IF NO, WOULD YOU	ERED MEMBER OF OUR UNDAY ENVELOPES ANI	LADY OF PERPI	ETUAL HELP PARISH? NGS?	
CHILD'S	TNAME	FIRST NAME	MIDDLE NAME	SCHOOL &	GRADE IN THE FALL
CITY ANI	D STATE OF BIRTH				DATE OF BIRTH
DATE OF BAPTISM	CHUR	OCH .		CITY AND STATE	YES NO
DATE OF SACRAME	ENT OF RECONCILIATION	CHURCH		CITY	AND STATE
DATE OF SACRAMI	ENT OF HOLY EUCHARIST	CHURCH		CITY	AND STATE
ANY PREVIOUS REL RELIGIOUS EDUCA	LIGIOUS INSTRUCTION TION LEVEL:	? YES NO II	YES, WHERE	?	
NOTE: COMPLETE	D APPLICATION MUST A	ACCOMPANY A COPY	OF YOUR CHIL	LD'S BAPTISMAL CERTI	FICATE & REGISTRATION
		HAITIAN		<u>CE OF DAY AND LANG</u> CKLY (TO BE DETERM	
RELIGIOUS EDUC	CATION CLASSES:	In Engli	SHVEE	weekly THURSD.	AY (6:00-7:15 PM)
		In Spani	SH ST. I	NICHOLAS 9:00-10:15 AM	WITH MASS TO FOLLOW
TUITION:	WEEKLY AND MONTHLY	x \$125.00 (<u>First Chili</u>	<u>o</u>) \$175.00 (<u>Fan</u>	MLY OF TWO [2] OR MORE)	
LIST ANY HEALT	TH, MEDICAL, BEHAV	-			NOT APPLICABLE:

CHILD'S	LAST NAME	FIRST NA	ME MIL	DDLE NAME	SCHOOL & GRADE IN T	THE FALL
-	CITY AND STATE OF BIRTH				DATE OF BIRT	TH
DATE OF I	BAPTISM	CHURCH		CITY AND STAT	E	YES NO
DATE OF S	SACRAMENT OF RECONCIL	ATION	CHURCH		CITY AND STATE	
DATE OF	SACRAMENT OF HOLY EUC	HARIST	CHURCH		CITY AND STATE	<u> </u>
	OUS RELIGIOUS INSTI EDUCATION LEVEL:			s, where?		
NOTE: COM	PLETED APPLICATIO	N MUST ACCOMP	ANY A COPY OF Y	OUR CHILD'S BAPTIS	MAL CERTIFICATE &	REGISTRATION.
				CHOICE OF DAY A	ND LANGUAGE	
R <u>ELIGI</u> O	OUS EDUCATION CL	ASSES:	In English_	WEEKLY THUE	RSDAY_(6:00-7:15 PM	
)	In Spanish _	St. Nicholas 9	:00 – 10:15 AM WITH M	IASS TO FOLLOW
TUITION:	WEEKLY AND MONTH	ILY \$125.00 (<i>First</i>	<u>r CHILD</u>) \$175.00 (<u>I</u>	Family of two [2] or m	<u>IORE</u>)	
LIST ANY I	HEALTH, MEDICAL	, BEHAVIORAL	, AND/OR SPEC	CIAL NEEDS OR LIST	T <u>NONE</u> IF NOT AP	PLICABLE:
CHILD'S	LAST NAME CITY AND STATE OF BIRTH	FIRST NA	.ME MIL	DDLE NAME	SCHOOL & GRADE IN TO	
	CITY AND STATE OF BIRTH				DATE OF BIRT	YES NO
DATE OF I	BAPTISM	CHURCH		CITY AND STAT	E	CERTIFICATE
DATE OF	SACRAMENT OF RECONCIL	ATION	CHURCH		CITY AND STATE	
DATE OF	SACRAMENT OF HOLY EUC	HARIST	CHURCH		CITY AND STATE	<u> </u>
	OUS RELIGIOUS INSTI			s, where?		
NOTE: COM	PLETED APPLICATIO	N MUST ACCOMP	ANY A COPY OF Y	OUR CHILD'S BAPTIS	MAL CERTIFICATE &	REGISTRATION.
				CHOICE OF DAY A	ND LANGUAGE	
		>	In English _	WEEKLY THURS	SDAY 6:00-7:15 PM	
<u>RELIGIOUS</u>	S EDUCATION CLASS	<u>ES</u> :	In Spanish _	St. Nicholas 9:	00-10:15 AM WITH MA	SS TO FOLLOW
Tuition:	WEEKLY AND MO	ONTHLY \$125.00 (<u>F</u>	F <u>irst Child</u>) \$175.	00 (<u>Family of two [2]</u>	<u>OR MORE</u>)	
LIST ANY I	HEALTH, MEDICAL	, BEHAVIORAL	, AND/OR SPEC	CIAL NEEDS OR LIST	I <u>NONE</u> IF NOT AP	PLICABLE: