CONNECT NOW DATA Entered and Verified Yes Need Additional Information noted In Connect Now Sent invitation to join Flocknotes	FAITH 146 S. PITNEY RC (609) 652-0008, Ext. 2	OF PERPETUAL HELP PARISH H FORMATION PROGRAM DAD, BLDG #1; GALLOWAY, NJ 08205 07; Email: <u>religioused@olphparish-nj.org</u>	OFFICE USE ONLY Date Registered: Tuition Paid: Check #: Cash: Balance Due: Invoice:	
		<u>Re-Registration Fees</u> ild) \$175.00 (<u>Family of two (2) or mor</u>	<u>e</u>)	
Family Name:	· · · · · · · · · · · · · · · · · · ·	E-Mail Address:	·	
Address:				
Telephone:		Emergency/Cell Phone	Emergency/Cell Phone	
I. Child's Name		Grade Entering	Grade Entering	
2. Child's Name		Grade Entering	Grade Entering	
3. Child's Name		Grade Entering	Grade Entering	
4. Child's Name		Grade Entering	Grade Entering	
**Please list any Health/ 	Medical/Behavioral and/o	r Special Needs for each child or state <u>Nor</u>	<u>ne</u> if Not Applicable:	
★ <u>NEW SIBLING E</u> ~ Indicate date and pla date and place of bapt state) on back of form ~If your child was n OLPH Parish, a cop baptismal certificat	ace of child's birth, - ism (church, city, ot baptized at - by of the	WEEKLY (TUESDAY): Grades: -K – 8; Special Needs; (Weekly, 6:00-7:15pm) Sundays (In Spanish) St. Nicholas 9:00 – 10:15 am * <u>See 2nd page for additional guidelines and sig</u>		

RE-REGISTRATION FORMS AND FEES DUE BY: AUGUST 1, 2023

certificate must be provided.

We will keep you updated on any changes via email. Please provide your email address above, as this is our main form of communication. Thank You!

IMPORTANT NOTES COMMUNION/CONFIRMATION

~ Attendance is <u>MANDATORY</u> for Parent/Guardian Meeting –Date and Time To Be Determined

PLEASE READ AND ACCEPT BY SIGNING BELOW Explanation and Requirements of programs offered

 <u>WEEKLY</u> (Tuesday). Begins in September and meets weekly at Assumption Regional Catholic School on Tuesdays from 6:00 – 7:15 PM.

Requirements: Only 2 absences accepted. A student who misses more than 3 sessions may exempt themselves from the current year and will be placed in the same grade in one of the programs next year.

I have read and understand these requirements and will cooperate to the best of my/our ability.

PARENT OR GUARDIAN

DATE

Photo Release: I hereby grant the OLPH-Faith Formation staff permission to photograph/video the minor(s) designated above for any lawful purpose associated with the Faith Formation Program at any time.

Parent Signature: _____

Date_____