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

2023 -2024 NEW FAMILY REGISTRATION

PLEASE COMPLETE ALL INFORMATION

Today's Date

Date Registei	red:
Fuition Paid:	
Check #:	
Cash:	
Balance Due:	}
Invoice:	

ADDRESS: CITCHION: CAUP	FAMILY NAME:					
TELEPHONE #: EMPRGENCY#: EMAIL ADDRESS: FATHER'S FULL NAME: RELIGION: ADDRESS: (STREET) (TOWN) (ZEP) MARRIED: DIVORCED: SEPARATED: DECEASED: SINGLE: MOTHER'S FULL NAME: MAIDEN NAME: RELIGION: ADDRESS: (STREET) (TOWN) (ZEP) MARRIED: DIVORCED: SEPARATED: DECEASED: SINGLE: SPECIAL MAILING INSTRUCTIONS: FAMILY LAST NAME (IF DIFFERENT FROM CHILD'S): MAILING ADDRESS (IF DIFFERENT FROM ABOVE): BELIGIOUS BACKGROUND: ARE YOU A REGISTREED 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? CHILD'S LAST NAME FIRST NAME MIDDLE NAME SCHOOL & GRADE IN THE FALL CITY AND STATE OF BIRTH DATE OF BACKMENT OF RECONCILLATION CHURCH CITY AND STATE DATE OF SACRAMENT OF RECONCILLATION 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 & REGISTRAY CHOICE OF DAY AND LANGUAGE RELIGIOUS EDUCATION CLASSES: NEEDLE NO IN SPANISH ST. NICHOLAS 9:00-10:15 AM WITH MASS TO FOLLOW TUTION: WEEKLY AND MONTHLY \$125.00 (FIRST CHILD) \$175.00 (FAMILY OF TWO 1/21 or MORE)	Address:					
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			In Spanish	St. Nicholas 9:00-10:15 am	WITH MASS TO FOLLOW	
	Turion •	Weeki v and Monthi v \$	125 00 (Emer Cun p) \$175	OO (EAMILY OF TWO [2] OF MORE)		
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LIST ANY HEALTH, MEDICAL, BEHAVIORAL, AND/OR SPECIAL NEEDS OR LIST <u>NONE</u> IF NOT APPLICABLES	LIST ANY HEALT	H, MEDICAL, BEHAVIO	ORAL, AND/OR SPECIA	L NEEDS OR LIST <u>NONE</u> IF	NOT APPLICABLE:	

CHILD'S						
LAST NAM	E FI	RST NAME	MIDDLE NAME	SCHO	OL & GRADE IN THE	E FALL
CITY AND STAT	E OF BIRTH				DATE OF BIRTH	
DATE OF BAPTISM	CHURCH		CIT	YAND STATE		YES NO
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CHILD'SLAST NAM		RST NAME	MIDDLE NAME	SCHO.	OL & GRADE IN THI	
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LIST ANY HEALTH, M	MEDICAL, BEHAVIO	ORAL, AND/OR	SPECIAL NEEDS	OR LIST <u>NONE</u>	_IF NOT APPI	ICABLE:
***Photo Release: I he			-		eo the minor(s)) designated
above for any lawful po	•			·		
Parent Signature:			Date_			