

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](mailto:religioused@olphparish-nj.org)

**2023 -2024 NEW FAMILY REGISTRATION**

**PLEASE COMPLETE ALL INFORMATION**

Today's Date \_\_\_\_\_

**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: \_\_\_\_\_

**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 TUESDAY (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\*\*\***

**CHILD'S** \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME SCHOOL & GRADE IN THE FALL

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CITY AND STATE OF BIRTH DATE OF BIRTH

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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

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 RELIGIOUS EDUCATION LEVEL: \_\_\_\_\_

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**CHILD'S** \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME SCHOOL & GRADE IN THE FALL

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CITY AND STATE OF BIRTH DATE OF BIRTH

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DATE OF BAPTISM CHURCH CITY AND STATE **YES \_\_\_ NO \_\_\_**  
CERTIFICATE

---

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\*\*\*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 \_\_\_\_\_