

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

OFFICE USE ONLY

Date Registered: _____
Tuition Paid: _____
Check #: _____
Cash: _____
Balance Due: _____
Invoice: _____

CONNECT NOW DATA

Entered and Verified

____ Yes
____ Need Additional
____ Information noted
____ In Connect Now

2024 -2025 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.

RELIGIOUS EDUCATION CLASSES: } **CHOICE OF DAY AND LANGUAGE**
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) \$200.00 (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

 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

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 CITY AND STATE OF BIRTH DATE OF BIRTH

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 CERTIFICATE

 DATE OF SACRAMENT OF RECONCILIATION CHURCH CITY AND STATE

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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 _____