

CONNECT NOW DATA

Entered and Verified

- _____ Yes
- _____ Need Additional Information noted
- _____ In Connect Now
- _____ Sent invitation to join Flocknotes

OUR LADY OF PERPETUAL HELP PARISH

FAITH FORMATION PROGRAM

146 S. PITNEY ROAD, BLDG #1; GALLOWAY, NJ 08205
(609) 652-0008, Ext. 207; Email: religioused@olphparish-nj.org

OFFICE USE ONLY

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

2024-2025 RE – REGISTRATION

Today's Date: _____

RE-REGISTRATION FEES

\$125.00 (*ONE CHILD*) \$200.00 (*FAMILY OF TWO (2) OR MORE*)

Family Name: _____ E-Mail Address: _____

Address: _____

Telephone: _____ Emergency/Cell Phone _____

1. Child's Name _____ Grade Entering _____

2. Child's Name _____ Grade Entering _____

3. Child's Name _____ Grade Entering _____

4. Child's Name _____ Grade Entering _____

****Please list any Health/Medical/Behavioral and/or Special Needs for each child or state None if Not Applicable:**

★ NEW SIBLING ENROLLMENTS ★

~ Indicate date and place of child's birth, date and place of baptism (church, city, state) on back of form.

~If your child was not baptized at OLPH Parish, a copy of the baptismal certificate and birth certificate must be provided.

WEEKLY (TUESDAY) :

Grades: -K – 8; Special Needs;
(Weekly, 6:00-7:15pm)

Sundays (In Spanish)

St. Nicholas 9:00 – 10:15 am with Mass to follow.

****See 2nd page for additional guidelines and signature****

RE-REGISTRATION FORMS AND FEES DUE BY: AUGUST 1, 2024

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 MANDATORY for Parent/Guardian Meeting –Date and Time To Be Determined

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

1. WEEKLY (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 _____