

2018-19 Registration Form OLPH Religious Education

30 Seney Drive, Bernardsville, NJ 07924 908-766-5638

OPTIONS FOR SESSION DAY

| | | |
|-------------------|------------------|-------------------|
| Grades 1-6 | Monday | 4:30 pm – 5:45 pm |
| Grades 7-8 | Monday | 6:45 pm – 8:00 pm |
| Grades 1-8 | Tuesday | 4:30 pm – 5:45 pm |
| Grades 1-8 | Wednesday | 4:00 pm – 5:15 pm |

***Baptismal Certificates are required of new students and must be submitted with registration. If coming from another program or Catholic School, we will need the dates of your sacraments (if applicable) and a letter from your former program/school stating the grades completed.**

Please print clearly. It is your responsibility to advise us of any change in your address/email address or phone. Information throughout the year will be communicated to you via email from olphreligious@aol.com.

Last name Child's Last name if different

Father's name Religion Cell# (or # where you can be reached during CCD)

Mother's first and maiden name Religion Cell# (or # where you can be reached during CCD)

Mailing address Street/PO Box City Zip Home Phone

email address (*please print clearly*) Emergency contact person and phone #

| | (Gender M/F) | Grade Sept. '18 | First Choice | Second Choice |
|-------------------------|--------------|-----------------|--------------|---------------|
| _____ Student's name | _____ | _____ | _____ | _____ |
| _____ Student's name | _____ | _____ | _____ | _____ |
| _____ Student's name | _____ | _____ | _____ | _____ |
| _____ Student's name | _____ | _____ | _____ | _____ |

Volunteering: All parents are required to volunteer for the Religious Education Program. OLPH could not offer this Program without the dedicated help of our students' parents. Please prayerfully consider how you will donate your time during this year in the following ways (*parents must check at least one box.*) **Parents that teach as Catechists do not pay tuition.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Catechist/Team Catechist* | <input type="checkbox"/> Office Help | <input type="checkbox"/> Door Security (Cafeteria or Main)* |
| <input type="checkbox"/> Catechist Aide* | <input type="checkbox"/> Hall Monitor* | <input type="checkbox"/> Arrival/ Dismissal Help/Parking Lot* |
| <input type="checkbox"/> Substitute Catechist* | <input type="checkbox"/> Children's Liturgy (Sunday 9am Mass) | <input type="checkbox"/> Hospitality for various occasions |

*Fingerprinting Required

Tuition: Please make check payable to OLPH Religious Education.

- \$200-----one (1) child
- \$275-----two (2) children
- \$350-----three or more (3+) children
- \$ 35-----Sacramental Fee for First Reconciliation & First Eucharist (2nd Grade)
- \$ 90-----Scramental Fee for Confirmation (8th Grade Only)
- \$ 50 ---Early Discount, Register by July 1, 2018**

For office use

Date Rec'd. _____

Sacramental Fee _____

Total Tuition Due _____

Check # _____

Cash [] _____

Amount Paid _____

Balance _____

Refund Policy: Program Fees are fully refundable until August 15, 2018. After August 15, 2018 and until September 1, 2018 Program Fees are 50% refundable. After September 1, 2018 Program Fees are not refundable. Late Fee is never refundable.

Photo Release – Diocese of Metuchen

I hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of/ including my child(ren)'s image(s) and likeness for diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same.

I hereby release the Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

Name of parent/guardian (print)

Signature of parent/guardian

Date

Additional Information: We want to provide the best possible learning environment for your child that we can. We ask that you let us know about any physical, perceptual, intellectual or emotional conditions which may affect your child's classroom participation. To speak directly to the Director of Religious Education, call 908-766-5638 x 20.

| | | |
|--|---|--|
| Childs's Name _____ | Grade: _____ | |
| <input type="checkbox"/> Medication/Food Allergy | <input type="checkbox"/> Medical Condition/Other | <input type="checkbox"/> Epipen |
| <input type="checkbox"/> Inhaler | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Basic Skills/In-Class Support |
| <input type="checkbox"/> Physical/Emotional Problems | <input type="checkbox"/> Special Services: IEP, Resource Room | |
| Explanation: _____ | | |

| | | |
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| Explanation: _____ | | |

| | | |
|---|---|---|
| Additional Family Information (check if applicable): | | |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Parent(s) deceased | <input type="checkbox"/> Non-parental guardianship* |
| <input type="checkbox"/> Custody/Visitation issues* - (Anyone who may not visit or transport your child according to a court order) | | |
| * A copy of your court document must be returned with your registration. | | |

I have read and will cooperate with the policies stated above.

Parent's Signature

Parents' Printed Name

Date