

RELIGIOUS EDUCATION REGISTRATION 2011-2012

Kindergarten to Grade 5

Office of Faith Formation
Our Lady of Perpetual Help
4795 Ilchester Road
Ellicott City, MD 21043
410-747-0131

CHILD'S INFORMATION

Child's Full Name (First, Middle, Last)

(Nickname) _____

Grade for 2011-2012 ____ Date of Birth ____/____/____ Male Female

School _____

Is this your first time enrolling in Religious Education at OLPH? Yes No

SACRAMENTAL INFORMATION (New Students only)

	Date	Church/Parish
Baptism:	_____	_____
First Penance	_____	_____
First Eucharist	_____	_____
Confirmation	_____	_____

FAMILY INFORMATION (Please fill in complete address)

Home Address: _____

City/State/Zip Code _____

Home Telephone _____ Email: _____

PARENT/GUARDIAN INFORMATION (Please update)

Please list all parents, stepparents, and legal guardians. Use the back of this page additional space is necessary.

	Father	Mother
Name (first & last)	_____	_____

Religion: _____

Work Telephone _____

Child lives with this parent Yes No Yes No

FORMATION OPTIONS 2011-2012

Please check the one box that indicates the Faith Formation Program your child will participate in during the 2011-2012 school year. If multiple session times are listed, please mark your preference with a "1" and your second with a "2".

- My child will participate in the Elementary Religious Education Program:
- ____ Monday 5:00-6:00pm ____ Tuesday 5:30-6:30pm ____ Sunday 9:00- (Kindergarten only)
____ Monday 6:30-7:30pm ____ Sunday 11:00 (Kindergarten only)
{Sunday session runs the length of Mass}
- My child will participate in the Home Connection Program (See brochure for specific requirements)
- My child will attend a Catholic School in 2011-2012.

TUITION PAYMENTS

Fees for all classes are \$95 for 1 child, \$180 for 2, and \$260 for 3 or more per year. Payment must be made at time of registration. Registration should be completed by **July 31, 2011**. After July 31st a fee of \$25 per family will be added. If tuition assistance is needed please email jgruel@archbalt.org. No child will be turned away for lack of funds.

SPECIAL NEEDS:

Please check the box above if your child requires special attention for any physical handicaps, learning disabilities, behavioral issues, (i.e. ADHD), daily medications, medicinal or dietary allergies. Please note these needs on the back of this registration. Providing this information will help us to meet your child's needs.