

RELIGIOUS EDUCATION REGISTRATION 2011-2012

Pre-Kindergarten

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) _____

Date of Birth ___/___/___ Male Female

Age for 2011-2012 Pre-K 3 year olds Pre-K 4 year olds

SACRAMENTAL INFORMATION (Please provide)

Baptism: _____
Date _____ Church/Parish _____

*Please print neatly,
providing ALL the
requested information.
Please
DO NOT ASSUME
that our office already has
this information on file.*

FAMILY INFORMATION (Please fill in complete address)

Home Address: _____

City/State/Zip Code _____

Home Telephone _____ Email: _____

PARENT/GUARDIAN INFORMATION

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 Catholic 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 Pre-K Religious Education program
____ Sunday mornings 9:00 - while Mass is in session
____ Sunday mornings 11:00 - while Mass is in session

- I would like information about the Sunday nursery for my toddlers **up to age 3.**

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 above box 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 those needs on the back of this registration form. Providing this information will help us to meet your child's needs.