

2021-2022 Registration Form
Our Lady of Perpetual Help Religious Education Classes
Return Forms to: 30 Seney Drive, Bernardsville, NJ 07924

<u>Day</u>	<u>Location</u>	<u>Time</u>	<u>Grade</u>
Tuesdays	In-person at School of St. Elizabeth	4:30pm-5:45pm	Grades 1-4 & 6
Tuesdays	On-line	4:00pm-5:00pm	Grade 5
Wednesdays	In-person at School of St. Elizabeth	4:00pm-5:15pm	Grades 1-8
Thursdays	In-person at Sacred Heart Chapel	6:45pm-8pm	Grades 7-8

Classes begin the week of September 20th. Grades 1-7 meet weekly, Grade 8 meets monthly.

Please contact Michele Lobo at olphmrslobo@aol.com if you are in need of tuition assistance or an alternate faith formation plan.

*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 through CCD Friday Folder weekly email. If you are not receiving the email check spam folder or please let us know at olphmrslobo@aol.com.

Last Name: _____ If different from Parent's
 Child's Last Name: _____

Father's Name: _____ Religion: _____ Cell #: _____

Mother's Name: _____ Religion: _____ Cell #: _____

Address: _____ City: _____ Zip: _____

Email: _____ Emergency Contact/Cell #: _____

Child's Name: _____ Grade Sept '21: _____ Day: _____

Child's Name: _____ Grade Sept '21: _____ Day: _____

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Child's Name: _____ Grade Sept '21: _____ Day: _____

VOLUNTEERING: All parents are required to volunteer for the Religious Education Program. OLPH could not offer this Program without the dedicated help of our student's parents. Please prayerfully consider how you will donate your time during this year in the following ways. *PARENTS THAT TEACH DO NOT PAY TUITION.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Catechist (Teacher) | <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"/> Parking Lot Help |
| <input type="checkbox"/> Substitute Catechist | <input type="checkbox"/> Children's Liturgy | |

TUITION: Please make checks payable to OLPH Religious Education
 \$25 Early Discount if you register by July 1, 2021

For Office Use

Date Rec'd:
 Sacramental Fee:
 Total Tuition Due:

- \$200 one (1) child
- \$275 two (2) children
- \$350 three or more (3+) children
- \$35 First Reconciliation/Communion Sacramental Fee (2nd Grade)
- \$80 Confirmation Sacramental Fee (8th Grade)

Check #:
 Cash []
 Amount Paid:

REFUND POLICY: Program fees are fully refundable until August 15, 2021. After August 15, 2021 and until September 1, 2021 Program Fees are 50% refundable. After September 1, 2021 Program Fees are not refundable.

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. If your child would benefit from smaller special needs classes please email olphmrslobo@aol.com.

Child's Name: _____ Child's Grade: _____
 Medication/Food Allergy Medical Condition/Other Epipen
 Inhaler ADD/ADHD Basic Skills/In-Class Support
 Physical/Emotional Problems Special Services (IEP, Resource Room)

Explanation: _____

Child's Name: _____ Child's Grade: _____
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 Inhaler ADD/ADHD Basic Skills/In-Class Support
 Physical/Emotional Problems Special Services (IEP, Resource Room)

Explanation: _____

ADDITIONAL FAMILY INFORMATION (Check if Applicable):

Single Parent Parent Deceased Non-parental Guardianship* Custody/Visitation Issues*

(* a copy of your court documents must be returned with your registration.)

DROP OFF/PICK UP POLICY: Please be respectful to the volunteers and staff as they facilitate drop off and pick up. Our policy is designed to keep your children safe and have been designed to adhere to the Bernardsville Police Department's traffic laws. Our car rider line usually takes approximately 10-15 minutes. Please make 4 lines in the Church parking lot. The lines will alternate as they merge in front of the Convent (along the wall to the cafeteria patio.) Your child's name will be called and brought to your car. Everyone picking up children in cars should utilize the car rider line. Please do not ask your children to "meet" you somewhere else so that you can avoid the line. Walker permission slips are for children that will be walking home.

PERMISSION/PHOTO RELEASE - DIOCESE OF METUCHEN

I/we consent to my child, _____ ("my child"), participating in OLPH Religious Education Program. I/we specifically waive and release any and all claims of any nature which I/we may have now or in the future against Our Lady of Perpetual Help Parish, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with OLPH Religious Education Program including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss of property in route to, during, and/or returning from it.

Further, 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 images(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).

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

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____