

**Our Lady of Lourdes Church  
Religious Education Office  
Cleveland Ave.  
Milltown, NJ 08850  
New Registrant Form  
2011 - 2012**

1. Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Telephone: \_\_\_\_\_

6. Public School District: \_\_\_\_\_ CCD Grade: \_\_\_\_\_

7. Emergency Name & Phone Number: \_\_\_\_\_

8. Parent/Guardians e-mail address: \_\_\_\_\_

9. Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

10. Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

11. Maiden Name: \_\_\_\_\_ Marriage Name: \_\_\_\_\_

12. Parent's Martial Status: \_\_\_\_\_

13. Student's Baptism Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

14. Church Address: \_\_\_\_\_

Certificate Presented: Yes \_\_\_\_\_ No \_\_\_\_\_ Seen By: \_\_\_\_\_

15. Student's First Penance Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

16. Student's First Eucharist Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

17. Does the child have any physical, emotional or learning disabilities we should know about? Yes \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_

Does the child have any health related problems? Yes \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_

***Please Be Specific ! All information is strictly confidential for teacher use.***

Does your family attend Mass on a regular basis? \_\_\_\_\_yes \_\_\_\_\_no If no, why are you registering your child(en) in a Religious Education Program?  
\_\_\_\_\_

**Tuition:                    All new Registrants to the Religious Education Program                    \$100.00**

**Each Subsequent Year Tuition :**

**Contributing Parishioner**

1 Child:            \$ 95.00  
2 Children:        \$120.00  
3 or more:        \$150.00

**Non-contributing Parishioner**

1 Child:            \$345.00  
2 Children:        \$370.00  
3 or more:        \$445.00

Parent/ Guardian Signature: \_\_\_\_\_