

Our Lady of Lourdes Parish School of Religion NEW Registration

Class time for Grades 1 – 3 is Wednesday evening 5:30 – 6:50 Class time for Grades 4 – 6 is Thursday evening 5:30 – 6:50
Grades 7 – 8 meet on Tuesday evening 6:40 to 8:00

Registration deadline is September 15th 2017.

Student Name _____ **M/F Date of Birth** _____
Last First M.I.

Baptism _____ **Date of Baptism** _____
Parish Address

Other Sacraments Rcvd: First Penance _____ **First Communion** _____ **Confirmation** _____
Date Date Date

Other Sacraments were made at _____

Family Information

All Families seeking to register their children into OLOL's Parish School of Religion must be registered parishioners of Our Lady of Lourdes

Registered Parishioner Family Name _____ **Envelope #** _____

Address _____ **Email** _____
Street Town Zip Code

Home Phone _____ **Cell Phone** _____
Mother Father

Emergency Contact Number/s: _____

Parents' Marital Status _____ **Father's Full Name** _____

Mother's Maiden _____ **Mothers Full Married Name** _____

Father's Religion _____ **Mother's Religion** _____

If child does not have the same last name as the family name indicated above enter child's last name along with additional Parental contact Information below

Child's Last Name _____ **Child resides with** _____

Name _____ **Phone** _____ **Email** _____

Address _____

Public School _____ **Grade in Public School 09/17** _____

Special Learning Needs

IEP Reading ___ IEP Writing ___ In Class Support ___ Aid in Classroom ___ Resource Room Instruction ___
ADD/ADHD ___ Autism Spectrum ___

Parents, please note that unless indicated, all children will be expected to behave appropriately and progress on grade level. Please send us a separate sheet to tell us of anything you feel we should know about your child's needs and how to best work with them in class. This is important to facilitate an enjoyable and meaningful learning experience for your child.

Special Health Needs

Glasses/Contacts ___ Hearing Aid ___ Dental Appliances ___ Asthma ___ Diabetes ___ Epilepsy ___ Heart/Lung ___ Anxiety ___

Allergies _____ Carries EPI Pen Y/N _____

Other Health Concerns _____

Parents if your child needs medication for Diabetes, Asthma or an EPI Pen please send it with them every week to class. Please notify your child's Teacher of your child's needs and where medication is kept. We do not have a Nurse on staff. Should your child need medical attention you will be contacted immediately.

Emergency Contact Information

In the event a parent cannot be reached please call

1st Contact

Name	Relationship to Child	Phone #
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2nd Contact

Name	Relationship to Child	Phone #
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Name of Authorized People to pick-up your Child and relationship to child:

Name	Relationship	Name	Relationship
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My child is a walker Y/N If yes I authorize them to walk home on their own _____
Signature

Other Siblings in OLOL Religious Education Program Y/N

Name/Grade _____ Name/Grade _____

Name/Grade _____ Name/Grade _____

Parental/Student Agreement

I give my permission for Our Lady of Lourdes Church to post my child's picture on the parish website. I/We have reviewed the Parent/Student Handbook which is posted on OLOL's Parish website at: www.ololchurchnj.org

In the event of an emergency our choice of Hospital is: St. Peter's NB ____ RWJ ____
Other _____

I authorize Our Lady of Lourdes to transport my child to the hospital in an event of an emergency. OLOL will make every attempt to contact parent should my child need emergency attention.

Signature/Signatures Parent/Guardian DATE

Emergency Contact Number/Numbers