

Our Lady of Lourdes Church
Milltown, NJ
Religious Education Program

General and Emergency Information – This information is to be completed for each student and returned with registration form. Information will be kept on file and will be destroyed at the end of each school year. (Please print all information)

Student Name _____

Mailing Address _____

Home Phone _____ Cell Phone/Pager _____

Email _____

Emergency Contact & Phone _____

Public School _____ Phone _____

Grade in Public School as of 11/12 _____

*We want your child to have a meaningful, stress free experience at OLOL Religious Education (CCD) please fill in the appropriate information. This information will **only** be shared with his/her Catechist (teacher).*

___ My child has a IEP and goes to Resource Room for help with _____

___ My child needs and receives extra help in Reading/Language Arts

___ My child has Physical or Emotional needs _____

___ My child has Allergies _____

___ My child uses daily medications to control (i.e. Asthma, Epilepsy, Diabetes, ADD/ADHD) _____

Student and Parent/guardian Contract

I have reviewed and discussed the OLOL Parent and Student Handbook with my child (print name) _____

located at www.ololchurchnj.org/church_ccd.htm.

Student Signature

Parent/guardian signature

August 2011