

OFFICE USE ONLY

Date Received _____ Emergency Card _____
Fee Received _____ Entered in Shelby _____
Baptismal Record Received _____

**OUR LADY OF PERPETUAL HELP
FAMILY AND FORMATIONAL MINISTRIES
REGISTRATION FORM
FAMILY INFORMATION**

FAMILY LAST NAME: _____

FATHER'S NAME: _____ MARITAL STATUS*: SINGLE MARRIED SEPARATED DIVORCED

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELIGION: _____ LIVING AT HOME? YES: _____ NO: _____

OCCUPATION: _____ BUSINESS PHONE NUMBER _____

HOME PHONE NUMBER: _____ CELL: _____

REGISTERED PARISHIONER AT O.L.P.H.? YES: _____ NO: _____ WHERE: _____

MOTHER'S NAME: _____ MARITAL STATUS*: SINGLE MARRIED SEPARATED DIVORCED

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELIGION: _____ LIVING AT HOME? YES: _____ NO: _____

OCCUPATION: _____ BUSINESS PHONE NUMBER _____

HOME PHONE NUMBER: _____ CELL: _____

REGISTERED PARISHIONER AT O.L.P.H.? YES: _____ NO: _____ WHERE: _____

*If separated or divorced please fill out custody information below.

If separated or divorced, please fill out the following custody information.

I, _____, have Sole Custody _____ Joint Custody _____ Visitation Rights _____
(Parent Name)

Other _____

I testify the above information is true.

Father's Signature: _____ Dated: _____

Mother's Signature: _____ Dated: _____

**FOR ANY SACRAMENT AFTER BAPTISM, A COPY OF THE BAPTISMAL CERTIFICATE
MUST BE PROVIDED. ALL NEW STUDENTS MUST PROVIDE THIS UPON REGISTRATION.
THANK YOU FOR YOUR COOPERATION.**

REGISTRATION FORMS MUST BE SIGNED BY BOTH PARENTS.

CHILD INFORMATION (1)

FIRST & LAST NAME: _____ NICKNAME: _____

DATE OF BIRTH: _____ PLACE: _____ SEX: _____

SCHOOL: _____ AGE: _____ GRADE: _____

*BAPTISM: ___/___/___ PARISH: _____ CITY/STATE: _____

RECONCILIATION: ___/___/___ PARISH: _____ CITY/STATE: _____

FIRST COMMUNION: ___/___/___ PARISH: _____ CITY/STATE: _____

CONFIRMATION: ___/___/___ PARISH: _____ CITY/STATE: _____

SESSION REQUESTED: (A THROUGH L) *SEE SESSION TABLE* _____ IS THIS A REQUEST FOR THE SACRAMENT OF
BAPTISM? _____ 1ST RECONCILIATION? _____ FIRST EUCHARIST? _____ CONFIRMATION? _____

CHILD INFORMATION (2)

FIRST & LAST NAME: _____ NICKNAME: _____
DATE OF BIRTH: _____ PLACE: _____ SEX: _____
SCHOOL: _____ AGE: _____ GRADE: _____
*BAPTISM: ___/___/___ PARISH: _____ CITY/STATE: _____
RECONCILIATION: ___/___/___ PARISH: _____ CITY/STATE: _____
FIRST COMMUNION: ___/___/___ PARISH: _____ CITY/STATE: _____
CONFIRMATION: ___/___/___ PARISH: _____ CITY/STATE: _____

SESSION REQUESTED: (A THROUGH L) *SEE SESSION TABLE* _____ IS THIS A REQUEST FOR THE SACRAMENT OF BAPTISM? _____ 1ST RECONCILIATION? _____ FIRST EUCHARIST? _____ CONFIRMATION? _____

CHILD INFORMATION (3)

FIRST & LAST NAME: _____ NICKNAME: _____
DATE OF BIRTH: _____ PLACE: _____ SEX: _____
SCHOOL: _____ AGE: _____ GRADE: _____
*BAPTISM: ___/___/___ PARISH: _____ CITY/STATE: _____
RECONCILIATION: ___/___/___ PARISH: _____ CITY/STATE: _____
FIRST COMMUNION: ___/___/___ PARISH: _____ CITY/STATE: _____
CONFIRMATION: ___/___/___ PARISH: _____ CITY/STATE: _____

SESSION REQUESTED: (A THROUGH L) *SEE SESSION TABLE* _____ IS THIS A REQUEST FOR THE SACRAMENT OF BAPTISM? _____ 1ST RECONCILIATION? _____ FIRST EUCHARIST? _____ CONFIRMATION? _____

CHILD INFORMATION (4)

FIRST & LAST NAME: _____ NICKNAME: _____
DATE OF BIRTH: _____ PLACE: _____ SEX: _____
SCHOOL: _____ AGE: _____ GRADE: _____
*BAPTISM: ___/___/___ PARISH: _____ CITY/STATE: _____
RECONCILIATION: ___/___/___ PARISH: _____ CITY/STATE: _____
FIRST COMMUNION: ___/___/___ PARISH: _____ CITY/STATE: _____
CONFIRMATION: ___/___/___ PARISH: _____ CITY/STATE: _____

SESSION REQUESTED: (A THROUGH L) *SEE SESSION TABLE* _____ IS THIS A REQUEST FOR THE SACRAMENT OF BAPTISM? _____ 1ST RECONCILIATION? _____ FIRST EUCHARIST? _____ CONFIRMATION? _____

Tuition Fee Schedule

One Child \$ 60.00
Two Children 90.00
Or More

Sacrament Materials Fees
First Reconciliation \$ 10.00
First Eucharist 10.00
Confirmation 10.00

Number of Children: _____
Tuition Applicable: _____
Material Fee (If Any): _____
Total Due: _____

All fees are due upon registration. A child will not be placed in a program until registration is complete.

REGISTRATION FORMS MUST BE SIGNED BY BOTH PARENTS.

STATEMENT OF CONSENT

I AGREE TO SUPPORT MY CHILD'S RELIGIOUS FORMATION BY:

- 1. Assuring my child/ren arrive well rested and on time.
- 2. Guaranteeing my child's regular attendance throughout the year.
- 3. Attending Parent meetings as scheduled occasionally throughout the year.
- 4. Attending field trips or special events when scheduled.
- 5. Providing support by volunteering when available.

Father's Signature: _____ Dated: _____

Mother's Signature: _____ Dated: _____